N. B.—WRITE PLA

V. S. No. 1

## STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	+ ,	(8)	211
Village or City Mr. 13	icas	Registration Dist. No	
Length of residence in city or town wher		sds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME 10 aby	Joy Cofoll	If U. S. Veteran, specify WAR	
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town	and State
PERSONAL AND STATIS		MEDICAL CERTIFICATE OF DEAT	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH TO (Month) (Dev)	, 193 7
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22.   HEREBY CERTIFY, Thet latten	nded deceesed from
6. DATE OF BIRTH (month, dey, end year)	June 7-1937	I had sew h m elive on Jane 7 19	37 : deeth is sald
7. AGE Yeers Months	Deys If LESS then f deys Lilling.	to have occurred on the date steted ebove, et 5 m.  The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were es follows:	Oate of onset
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Stillbom.	Oate of onset
SAW MILL, BANK, etc	1f. Totel time (years) spent in this occupetion		
f2. BIRTHPLACE (city or town)	Brian Co	Other Contributory Causes of Importance:	
# 13. NAME Doyle a	bloth		
13. NAME NOTE (  14. BIRTHPLACE (city or town) (  (State or country)	Brian	Neme of operation Date	
a de la companya del la companya de	Weldred Greens. C.	Whet test confirmed diegnosis? Was there  23. If deeth wes due to externel ceuses (VIOL ENCE) fill in elso the follo	
16. BIRTHPLACE (city or town) Mass (Stete or country)	tuishing Va	Accident, suicide, or homicide? Date of Injury  Where did Injury occur? (Specify city or town, county and Specify whether injury occurred in INDUSTRY in HOME or in PIRE Id	, 19
17. INFORMANT LLD 11.	abboth	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC	I State) C PLACE.
18. BURIAL, CREMATION, OR REMOVAL Plece Juneous L.	Dete June 7 , 1937	Menner of Injury	
19. UNOERTAKER Edward (Address) Rudys	Luman rell Maryland	24. Was disease or injury in any new related to occupation of deceased  If so, specify	n hs.
20. FILED June 7, 19 3 7 M	of Cathering Dogunday	(Signed) Boonston,	M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be roturned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1111	1921	Run over by street car	1 week ago
Cerebral hemorrhage \\ Stirkhau \S.	July 5,1927	Peritonitis **	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

TION is very important. See instructions on back of certificate.

Hagerstown,

5-

(Address)

1 BLACE O			F MAR	YLAND-	CERTIFICATE OF DEATH 6917
1. PLACE OF DEATH					302
	County Washington				Registration Dist, No. 302
		gerstow y or town where de		20 yrs. mos	No. 101 Marbern Road St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth? yrs. mos. ds
2. FULL NA	ME	William	E. Bal	ker	If U. S. Veteran, specify WAR
(a) Reside	nce: No. ]	loa Mart	ern Ros		St., Ward.  If nonresident give city or town and State
	VAL AN	D STATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
Male Male	W	or race		RIED, WIDOWED, D (write the word) ied	21. DATE OF DEATH  June 3  (Month) (Day) (Yeer)
5a. If married, wido HUSBAND of (or) WIFE of		Sarah E.	Baker		22. I HEREBY CERTIFY, That Lattended deceased from
6. DATE OF BIRTH		and yeer) Jan	mary 8	, 1884	I last saw h alive on 6 - 3 - 3 ) 19 death is said
7. AGE Ye	53	Months 4	0ays 26	If LESS than  1 day,hrs.  ormin.	to have occurred on the date stated above, aLO:15Pm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
SAWYER SAWYER	8 Trade profession or particular			r	Ryfulin Heat Ching 1-1.
- 11 1113 0000		red at th end	sq2	ime (years) nt in this upation	
12. BIRTHPLACE (c (State or cou		Frankl	in Cour Pa.	nty	Other Cautributary Causes of Importance:
13. NAME	Jac	ob Bak	er		
	E (city or tov r country)	wn) Frank Pa		nty	Name of operation Date of
当. MAIDEN NA	AME	Mary Mu	mmert		23. If death wes due to external ceuses (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town) Franklin County (State or country) Pa.  17. INFORMANT Mrs. Sarah E. Baker (Address) Hagerstown, Md.				County	Accident, suicide, or homicide? Oate of Injury, 19
			E. Bake	er	(Specify eity or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMA			•oate June	2 6., , 19 37	Manner of Injury
10 HMOCEPTANCE Fred W. Kraiss.					24. Was disease or injury in any way related to occupation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore Agyesting V. S. No. 1.

Registrar.

If so, specify

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Peritonitis Cerebral hemorrhage Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

ADDITIONAL	CDACE E	OD BUDTHED	OT ATTEMENTED	DV	DUVCICIAN
ADDITIONAL	SPAUE F	OR FURTHER	STATEMENTS	BI	PHISICIAN

6918

1. PLACE OF DEATH	
County Washington	Registration Dist. No. 30/
Village or City Williamsport, Md.	No. St Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?
2. FULL NAME Miss Florende Idela Ba	rnesIf U. S. Veteran, specify WAR
	St., Ward.
(Usualpiace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)   Single	21. DATE OF DEATH  June 26 , 193.7 (Year)
5a. If marriad, widowed, or divorcad HUSBAND of (or) WiFE of	2   I HEREBY CERTUFY, That I attended deceased from
Single	1937, to June 26, 1937
6. DATE OF BIRTH (month, day, and year) Dec 8, 1867	1 last saw have alive on
7. AGE Years Months Days If LESS than 1 day,hrs	to have occurred on the date stated abova, at Cm.
70   0   22   ormin.	The RINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	A D D D D D
SAWYER, BOOKKEEPER, etc Housekeeper	Juleuculario Culmonary 191/37
work was done, as SILK MILL, Housekeeper	
U 10. Date decaased last worked at 11 Total time (years)	1
this occupation (month and spent in this )	
12. BIRTHPLACE (city or town) Near Marlow	Other Coutributory Causes of Importance:
(State or country) W. Va.	neme
# 13. NAME John Barns	
13. NAME John Barns 14. BIRTHPLACE (city or town). Near Marlow W. Va.	Name of operation Date of
(State of Country)	What test confirmed diagnosis?
置 15. MAIDEN NAME Issabell Jack	23. If death was dua to external causes (VIOLENCE) fill in also tha following:
15. MAIDEN NAME Issabell Jack 16. BIRTHPLACE (city or town) Near Marlow W. Va.	Accident, suicide, or homicide?Date of injury19
Stata or country) W. Va.	Where did Injury occur?
17. INFORMANT Nona Barns Sousin (Address) Marlow W. Va	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Riverview Data June 29, 1937	Nature of injury
19. UNDERTAKER Edith V Leaf	24. Was disease or injury in any way ralated to occupation of decaased?
(Address) Williamsport, Md	If so, specify
20. FILED Sume 28, 19 37 Mrs Emma Le W. Elvo	(Signed) A M. D.
Registrar	(Address) Williams Saw md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Battynore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be roturned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
  9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related cause of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis ~	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923.	Other contributory causes of importance:  Gastroenteritis  BURSAU V	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Date of enset

BINDING

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example 1		Example 11		
of importance were as-	death and related causes follows:	111	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nephr	itis AME A 1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	AUG 10 100:	July 5,1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory can	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--------------	-------	-----	---------	------------	----	-----------

8	

should state

D. Every item of infor-

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE O	F DEATH			(51)	
. County	Wash:	ington		Registration Dist. No. 3	07
	City Hagers	town	a (I	NWashington County Hospital f death occurred in a horpital or institution, give its NAME instead of street an	3 Ward
Length of res	idence in city or town when	re death occurred_3	2yrsmos	sds. How long in U.S. if of foreign birth?yrs	.mosds.
2. FULL NA	ME Vergie 1	M. Binkle	ey	If U. S. Veteran, specify WAR	
(a) Reside	nce: No. 819 Was	shington	Avenue	St., Ward.	
PERSON	IAL AND CTATIC	(Usual place	,	If nonresident give city or town a	nd State
3. SEX	NAL AND STATIS			MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH	
Female  4. COLOR OR RACE White  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married				June 16, (Month) (Day)	, 1937 (Year)
5a. If married, widow HUSBANO of (or) WIFE of		m V. Binl	klėy	22.   HEREBY CERTIFY, That i attende	
		5	3000	JUNE 11 , 1937, 10 JUNE 1	
	(month, day, end year) A			to have occurred on the date stated above, e3:15 Am.	; death Is sald
	5 2	Days 22	If LESS than 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
	9		ormin.	were es follows:	Date of onset
8. Irade, profe	ession, or particular work done, as SPINNER, R, BOOKKEEPER, etc	Home Wor	rk	A P F	1/1/2
a Industry or	husiness in which		<u> </u>	AGUTE RHEUMATIC FEVER AGUTE BACTERIAL ENDOGARDITIS	6/11/3/
SAW MI	s done, as SILK MILL, LL, BANK, etc		*	HEVIE UNGIERIAL ENDOGARDITIS	7/13/3
	sed last worked et upation (month and	spa	ime (years) nt in this upation		
				Other Contributory Causes of importance:	
12. BIRTHPLACE (c (State or cou	ity or town) Washin		uncy		
I3. NAME	John Day			CHRONIC ALCOHOLISM	
Ξ				Made	
	E (city or town)	igton Cou	ntv. Md.	Name of operation	
			dioy, ma	What test confirmed diagnosis? GLINIGAL Was there e	
E		:.		23. If death was due to externel causes (VIOLENCE) fill in also the follow	
16. BIRTHPLAC		arton Con	intir Md	Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
(State or country) Washington County, Md.  17. INFORMANT Mrs. Lewis Roach.			uroy, mu.	(Specify city or town, county and S	lale)
17. INFORMANT (Address)	Hagersto			Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC	PLACE.
18. BURIAL, CREMA	TION, OR REMOVAL			Menner of injury	**************
Place Ha	gerstown, ]	Md Date June	e 19 <sub>19</sub> 37	- Nature of injury	
10 1110555	Fred W V	moiac		24. Wes disease or injury In any wey related to occupation of deceased?	No
19. UNOERTAKER (Address)	Fred W. K. Hagerstown		_	If so, specify	1.
6-1	9- 37 6	hasth	Burs	(Signed) (Signed)	
20. FILEO	, 19	1,00	Registrar	(Address) HAGERSTOWN MO	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related cau of importance were as follows:	ISES Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis (C)	3 days ago
		Br 6 1937	
Other contributory causes of importance:		Other contributory causes of importance:	1
Gallstones	May 1,1923	Gastroenteritis 8	1 year

10	6	63	1
6	3	4	1

	(31)	
	Registration Dist. No. 30.7	
	Np. 9t	
(If d	leath occurred in a hospital or institution, give its NAME instead of street and n	wmber)
os	ds. How long in U.S. if of foreign birth?yrsmo	
1	-0	
	eloz If U. S. Veteran, specify WAR	
	St., Ward.	
H	If nonresident give city or town and	State
_	MEDICAL CERTIFICATE OF DEATH	
-	21. DATE OF DEATH	13
	(Month) (Day)	193
	- (month) (bay)	(Tear)
1	22.   HEREBY CERTIFY, That attended of	leceased from
A	Mare 22 1037 10 There 20	19.3
4	I lest saw have elive on July 22 1937	: death is seld
	to have occurred on the date stated above, et 9:20 P.m.	
s.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
	were es follows:	Oate of onset
-	7	
	Total to ad al	
	Tuphully Int. Ch	7
		>
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	Other Contributory Cances of importance:	
	Offiel Charles of Colleges of Office Colleges	7 .
	Stade II	
	- The state of the	
-1	Name of operation Post Date of	
	Name of operation Dete of	
-	What test confirmed diegnosis? Wes there en e	utopsy?
20	23. If deeth was due to external causes (VIOLENCE) fill in elso the following	
0	Accident, suicide, or homicide?Oate of Injury	-10
	Where did injury occur?	
	(Specify city or town, county and State Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA	)
	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA	CE.
-		
2	Manner of injury	
2.	Neture of Injury	
	24. Was disease or injury in any way releted to occupation of deceased?	RO
	If so, specify	
	(Signed)	M D
	(Address)	and the
ar, 2	411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

If more blanks are needed, address State Registre

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. N.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were as	s follows	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	BECEIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitiat nepl	ritis -007	1921	Run over by street car	1 week ago
Cerebral hemorrhage	I WILL OF THE	July 5,1927	Peritonitis	3 days ago
	RUREAU V. S.			
Other contributory ca	nures of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis ****	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--------------	-------	-----	---------	------------	----	-----------

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH should Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) \_mos.\_\_\_\_\_ds. How long In U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_\_mos.\_\_\_\_\_ds. SICIAN (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVERCED (write the word) BINDING (Month) 5a. If married, widowed, or divorced HUSBAND of That I attended deceased from (or) WIFE of non 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Days If LESS than to have occurred on the date stated above. at FOR The PRINCIPAL CAUSE OF DEATH and related causes of importance or\_\_\_\_min. Dats of onset 8. Trade, profession, or particular kind of work done, as SPINNER, TION RESERVED Jo SAWYER, BOOKKEEPER, etc. JUNE back may should .Jadustry or business in which work was dona, as SILK MILL. SAW MILL, BANK, etc. 10. Pata deceesed last worked at 11. Total time (yaars) this occupation (month end spent in this that instructions occupation \_\_\_ Other Contributory Causes of importence MARGIN 12. BIRTHPLACE (city or town) (State or country) FATHER See 14. BIRTHPLACE (city or town plain (Stata or country) MOTHER important. 15. MAIDEN NAME E 23. If death wes dua to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) Accident, sulcide, or homlolde?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_, 19\_\_\_\_\_ DEATH (Stata or country) Where did injury occur?\_\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. OF Manner of injury CAUSE mation TION Nature of Injury. 24. Was disease or injury in any way related to occupation of decea (Address) If so, specify (Signed)\_\_\_ Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Regyesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Peritonitis Cerebral hemorrhage Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

V. S. No. 1

STATE OF MA	RYLAND-CERTIFIC	CATE OF	DEATH
-------------	-----------------	---------	-------

18	11	2	- 3
83	4.3	1	1
13	27	and	

1. PLACE OF DEATH		93.0	
County Washington	- S	Registration Dist. No. 3	12
Village or City	Deve	No. 210 W. Washingtonst	K / Ward
Landb of anidana is all and		f death occurred in a hospital or institution, give its NAME instead of street and I	number)
Length of residence in city or town where death occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrsme	osds.
2. FULL NAME Julia Ham	ellar 12	USCO Af U. S. Veteran, specify WAR	
(a) Residence: No. 210 W, Wa	islange	oust., Ward.	
	ace of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PAR		MEDICAL CERTIFICATE OF DEATH	
	ARRIED, WIDOWED, RCED (write the word)	21. DATE OF DEATH 7	7
Temare where	idoro	(Month) (Day)	(Year)
5a. If married, widowed, or divorced HUSBAND of	mes T	22. — I HEREBY CERTIFY. That I attended	descend from
(or) WIFE of Wedber	- / (	Jon 1 1931 to June 28	19 3 7
6. DATE OF BIRTH (month, day, and year) Land	2-1862		; death is sald
7. AGE Yaars Months Days	If LESS than	to have occurred on the dale stated above, at	, 00000
75 5 16	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particular	1 /	were as follows: C17- 77740007 difis	Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	tome	Auricular Fibrillation	1-1-31
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Indostry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this recognition (month and		1401.193447	1:-1:-9-1
work was done, as SILK MILL, SAW MILL, BANK, etc			
tins occupation (month and	al time (years) spent in this		
	occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) . Hageisi	town	other conditions of importance.	
(State or country)			
13. NAME William J. H	Lamilton	L	
13. NAME William J. H  14. BIRTHPLACE (city or town) + auger	stown	Name of operation None Date of	V
(State of country)	id.	What test confirmed diagnosis Cline. Evidence was there an a	utonsv? U
15. MAIDEN NAME Clara De	nness	23. If death was due to external causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city or town) Pottm	outh	Accident, suicide, or homicide? Date of Injury	19
S (State or country)	11-,	Where did Injury occur?	
17. INFORMANT Mrs. Marshall	Wilson	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA	e) ACE.
(Address) Hagerstown	- mode		
18. BURIAL, CREMATION, OR REMOVAL	12:	Manner of injury	
Place It ageistown Date.	30 ,1937	Nature of injury	
19. UNDERTAKER le : M. Suiter	& Sons.	24. Was disease or Injury In any way related to occupation of deceased?	26
(Address) Hageiston	m. md	If so, specify	
100 EUS (0 - 29 - 27 BURNE	Hoga very	(Signed) ( To feet 1. Cornad	MD
20. FILED Q - A.Y-, 1931 ANN Y	Registrar.	(Address) Itageistown m	d

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		Table 10 to	
Other contributory causes of importance:		Other contributory causes of importance:	W-11=1-
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B. WRITE PLAT

V. S. No. 1

6925

1. PLACE OF DEATH		(942)			
County Was kingle	Y p		Registration i	Dist. No. 3	6
Village or City Mear Grun	thling.	No		St.,	Ward
Length of residence in city or Jawa where of		f death occurred in a horpital or institu sds. How long In U.S. if o			
7///2	Helesa Bar	7 4 4 6	roleigh bifth:	J13	110202
2. FULL NAME CELLY	nuccia Nu				
(a) Residence: No.	(Usual place of abode)	St.,Ward.	If nonresident	give city or town as	nd State
PERSONAL AND STATIST		MEDICAL C			Tu Diate
3. SEX 4. COLOR OR BACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH			
Frenze White	OR DIVORCED (write the word)		6	13	., 193
5a. If merried, widowed, or divorced	0		(Month)	(Day)	(Year)
(or) WIFE of John N.	Depun.	22 DIEREBY	CERTIF	Y, That I attende	100
	-21-1867		1900, to	uw-/	, 1937
6. DATE OF BIRTH (month, day, and year) 37. AGE Years Months	Days   If LESS than	to have occurred on the date state	d about at 6 3-0		; death is said
74 2	2   1 dey,hrs.	The PRINCIPAL CAUSE OF DEAT			
8 Trade profession or particular	Ormin,	were as follows:		source in Sign	Date of onset
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Generalized	0.1		
9 Industry or business in which	1/2 1 1/		- LAAL	3	
work was done, as SILK MILL, SAW MILL, BANK, etc.	Journe		acleson	10	
10. Date deceased last worked at this occupation (month and year)	11, Total time (years) spent in this occupation	Coronary	Occlu	scoro	9/18/3
12. BIRTHPLACE (city or town) May	llavd.	Other Contributory Causes of impo	rtance:	146	
(Stete or country)	a	Hypertly	roedisi	И	1985
H 13. NAME Slavid. D.	Dion.		· · · · · · · · · · · · · · · · · · ·	<i>i</i>	•.
14. BIRTHPLACE (city or town) (Stete or country)	ufland.	Name of operation What test confirmed diagnosis?		Date of	suloney?
15. MAIDEN NAME Emaline	Smith.	23. If death was due to external cau			
16. BIRTHPLACE (city or town)	10 /	Accident, suicide, or homicide?			
State or country)	grava.	Where did injury occur?			
17. INFORMANT & C. Significant (Address) Smithing.	R. 15.10.	Specify whether injury occurred in	(Specify city or I INDUSTRY, in HOI	own, county and St ME, or in PUBLIC P	LACE.
18. BURIAL, CREMATION, OR REMOVAL		Menner of injury			
Plece Colcade Wd.	Date 6-15 , 1937	Nature of injury			
19. UNDERTAKER Comost Fru (Address) Suntfulny	ment Home	24. Was disease or injury in any walls so, specify			0
20. FILED June 15. , 1937	Ger H. Ferguson	(Signed) (Address)	7	Dicho.	M.D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	i	Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	SECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	JUL 7 1937	July 5,1927	Peritonitis	3 days ago	
	BURFAU V. S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--	------------	-------	-----	---------	------------	----	-----------

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6926
1. PLACE OF DEATH	(83)
County Washington	Registration Dist. No. 302
Village or City Hagestown	No. Believe St. S. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Howard Brown	If U. S. Veteran, specify WAR
(a) Residence: No. Partune	St., 12 Ward. Hagerstum md
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male cupito Married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. / I HEREBY CERTIFY, That I ettended deceased from
(or) WIFE of Rosie Brown	Aug 4 , 1977, to few ( 1997
6. DATE OF BIRTH (month, day, end year) alis 10 - 1880	I last law h alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6.12. R.m.
5 7 2 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importence
8 Trade profession or particular	were es follows:
kind of work done, as SPINNER, Mond	Pares is ?
9. Industry or business In which	
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et  11. Total time (years)	
curs occupation (month and	
year) occupation	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) Fash w.	
(State or country)	
14. BIRTHPLACE (city or town) Wash a.	
14. BIRTHPLACE (city or town) Wash .	Name of operation Dete of
(State of Country)	What test confirmed diagnosis? Was there an autopsy? 4.
16. BIRTHPLACE (city or town) Wash 6.	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) . Wash 6.	Accident, suicide, or homicide?, 19,
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MU Fred Long	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Hazualin Ma	
18. BURIAL, CREMATION, OR REMOVAL Place Laguarum Md Date line 12, 1937	Manner of Injury
Plece Mague Town Ma Date June 12, 1937	Nature of Injury
19. UNDERTAKER Scott, 7. Murrich Son	24. Was disease or injury In any way related to occupation of deceased?
(Address) Tagustoson ma	If so, specify
20. FILED 6-11- , 18 7 4 haffisoures	(Signed)
Registrar.	(Address) to surd

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis V P	3 days ago	
		1 Dr. 6 1937		
Other contributory causes of importance:	4	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1 B

STATE OF MARYLAND—	CERTIFICATE OF DEATH	927
1. PLACE OF DEATH	(P)	
County Washington	Registration Dist. No. 3/6	
Village or City Keefisville	No. St.,	Ward
1.0	f death occurred in a hospital or institution, give its NAME instead of street and nu	
2. FULL NAME Tora ama Burton	ev	
(a) Residence: No. Keedy wille - Ind	St.,Ward.	
(Usual place of abode)	If nonresident give city or town and S	tate
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH	
Temple White Mexical (write the word)	(Month) (Day)	193.7 (Year)
5a. If married, widowed, or divorced- HUSBAND of (or) WIFE of	22. I HEREBY CERTIEY, That I attended do	eceased from
Other St. Duranes	trong 15 19 19 June 1"	, 19.2.7
6. DATE OF BIRTH (month, day, and year)		death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above ## 3 CH_m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trada, profession, or particular	mare as follows:	Date of onset
Kind of work done, as SPINNER,   SAWYER, BOOKKEEPER, etc.   Sawyer, etc.   S	mital Rougett	/ ,
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this openuation (month and	of Hebel	11/15/3
10. Date deceased last worked at this occupation (month and spent in this occupation was)	0:	
12. BIRTHPLACE (city or town) Keedysville (State or country)	Other Contributory Causes of importance	11/15/2
13. NAME Samuel Pollendel and		
14. BIRTHPLACE (city or town) Tilghanhartone	Name of operation	
# 15. MAIDEN NAME Carther Pollsham	What test confirmed diagnosis?	opsy?
15. MAIDEN NAME Cather Poffsharger  16. BIRTHPLACE (city or town) Keedy willing (State or country)	Accident, suicide, or homicide? Data of injury	, 19
17. INFORMANT Samuel Snight md	Where did injury occur?  (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLAC	Ε.
18. BURIAL, CREMATION, OR REMOVAL Place Bushara Richard Date Tune 4, 1937	Manner of injury	
19. UNDERTAKER L. T. Suman + 60	24. Was disease or injury in any way related to occupation of deceased?	w
(Address) Keedy Snille, Md	If so, specify	
20. FILED June 2012, 1934 18 Af Steelered.	(Signed) Same Con Mil	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
  9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1021	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
		# E
	\1915 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  Run over by street car  Peritonitis  Other contributory causes of importance:

V. S. No. 1

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	2/0,70
County brashmeting	Registration Dist. No. 30 Z
Village Dr City: 10 Constant City City City City City City City Cit	death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Sames albert B	44
	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5. If married, widowed, or divorced	21. DATE OF DEATH  June 3-1d, 1937  (Month) (Day) (Year)
HUSBAND of (or) WIFE of Mary Webs	22. I HEREBY CERT1FY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Dec. 10-1872	I last saw h alive on 19 : death is said
7. AGE Yeers Months Days If LESS than	to have occurred on the dete stated above, etm.
64 5 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Caused by fractions  Vf skull
12. BIRTHPLACE (city or town) B surkettsville (State or country)	Other Cantributary Causes of Importance:
13. NAME Reason Fairfay Butts 14. BIRTHPLACE (city or town) - Fairfay Co.	
14. BIRTHPLACE (city or town) - 7 airfast Co:	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Lydia. Holins  16. BIRTHPLACE (city or town) Brownsulle (Stata or country) wash. Co. md  17. INFORMANT Martin & Butts	23. If death was due to external ceuses (VIOL ENCE) fill in elso the following:  Accident, suicide, or homicide?  Where did injury occur?  Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place or with Valley Central Off June - S. 1937	Manner of Injury Skull Adachere
19. UNDERTAKER COM D. Bast & Sura (Address) Booms and	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED 6-5-, 19376 hosffBowers	(Signad) Sted Mose, 10 (Address) Sharpsburg nud

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOI	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
-----------------------------------------------------	------------	-----------	---------	------------	---------------	-----------

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6929
1. PLACE OF DEATH	73
County Thankington	Registration Dist. No. 3//
Village or City Breathedalle (If	NDSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where deeth occurred yrs	ds. How long In U.S. If of foreign birth?yrsmosds
2. FULL NAME Cua may Chance	LE U. S. Veteran, specify WAR
(a) Residence: No. By alleded (Usual place of abode)	Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If merriad, widowed, or divorced	21. DATE OF DEATH 21 (Month) (Dey) (Yeer)
HUSBAND of (or) WIFE of	I HEREBY CERTIFY, Thet I ettended deceased from
6. DATE OF BIRTH (month, dey, and year) May 12. 1862	Mast'saw hale elive on June 21 1937 : death is sel
7. AGE Years Months Days If LESS then	to have occurred on the date stated above, etm.
7.5 - 6 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	Were as rollows:
kind of work done, es SPINNER School Jucker SAWYER, BOOKKEEPER, etc.	Myocoustilis Chame
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business In which work wes done, as SILK MILL, SAW MILL, BANK, etc  It Data deceased lest worked at this occupation (month and	2 Cakallus Curloli,
SAW MILL, BANK, etc	- 3
this occupation (month and year) spent in this 40%	•
12. BIRTHPLACE (city or town) Base all all all (State or country)	Other Contributory Causes of Importence:
	Neme of operation Date of Date of
14. BIRTHPLACE (city or Town)	Neme of operetion Date of Date of What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME TOMALE TOMALE	23. If deeth wes due to externel causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Making Fredhedaulle	Accident, suicide, or homicide?
E (State or country) Wash. Co. md-	Where did Injury occur?
17. INFORMANT This Cloude Change (Address) Breathedsill Md.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mennar of Injury
Plecena para Dete June 24, 1937	Nature of Injury.
19. UNDERTAKER (UW) BOOK YS TO (Address)	24. Was disease or injury in any way related to occupetion of deceased?
20. FILED Lille 23, 1037 J.D. Doace. Registrar.	(Signed)
The state of the s	2411 N. Charles Street, Fakimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ì	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis '	3 days ago
6.			
MA W		AND	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

M	RECORD. Every item of info PHYSICIANS should sta	Sxact statement of OCCUP
FOR BINDING	IS A PERMANENT stated EXACTLY	properly classified. I ertificate.
V.S. N. 1.	N. B.—WRITE PLANKLY, WITH UNFADING INK—THIS IS A PERMANENT XECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

1. PLACE OF DEATH	The George	Pagistratian Diet No. 3 CV
Village or City Show Jabr	ned	Registration Dist. No.  No.  St.,  (If death occurred in a horpital or institution, give its NAME instead of street and number)
Langth of residance in city or town whole death  2. FULL NAME	Fr Chin	nos. 5 ds. How long in U.S. if of foreign birth?yrsmos
(a) Residence: No.	(Usual place of abode)	St., J Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Yea
If married, widowad ordivorced HUSBAND of (or) WIFE of Widowa	~	22. I HEREBY CERTIFY, That I attanded dacaased
DATE OF BIRTH (month, day, and year)	上11=183	1937; death I
AGE Years Months 9	Days If LESS than 1 day,hr ormin.	
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	armour	amental Fibrillation
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc  10. Date dacassed last worked at this occupation (month) and		
Date dacaased last worked at this occupation (month and year)	11. Total time (years) spant in this occupation	
2. BIRTHPLACE (city or town) Robert (State or country)	ville me	Other Contributory Causes of importanca:
13. NAME Jarol Ch	irrelien	
13. NAME Sover Ch.  14. BIRTHPLACE (city or town) Caraba (Stata or country)	green m	Name of operation Dete of What test confirmed diagnosis? United Was there an autopsy?
15. MAIDEN NAME Mary Lo	un Mats	What test confirmed diagnosis?
16. BIRTHPLACE (city or town)	ysvilled)	cident, suicide, or homicide? Date of injury, 19_
INFORMANT (Address)	Churcha	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
BURIAL, COMMATION, OF EMOVAL	lata 6 5 29 , 193	Mannar of Injury
UNDERTAKER CHARLES	gent Co	24. Was diseese or injury in any way ralated to occupation of dacaased?
). FILED \$158 , 1937 \$ E29	Registrar.	(Signad) Aby Refused

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of enset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
JUL 7 1937				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related eauses of importance were as follows: EIVED	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.	Share and the state of the stat		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

See instructions on back of certificate.

TION is very important.

1. PLACE OF DEATH	
County Washington	Registration Dist. No. 302
Village or City Hagerstown	No. 48 Fairground Ave. st. 4 Ward
Length of residence in city or town where death occurred 12 yrs.	(If death occurred in a horpital or institution, give its NAME instead of street and number)mosds. How long in U, S. if of foreign birth?mosds.
2. FULL NAME Ada F. Delauder	If U. S. Veteran, specify WAR
(a) Residence: No. 48 Fairground Ave. (Usual place of abode)	St., H Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Female White 5. SINGLE, MARRIED, WIDOW OR D. VORCED (write the wo	
5a. If married, widowed, or divorced HUSBAND of Robert F. Delauder (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) June 24, 1856	i last saw her alive on frame 7, 1937; death is said
7. AGE Years Months Days If LESS t	5.30D
80   11   14   1 day,	was a follows:
9 Trade profession or postinutes	Chrome myodarditis Date of onset
SAWYER, BOOKKEEPER, etc. 1101116 WOLA	Chr. Auterstated nephritis 1927
9 Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	Thromboses Rt. Fenoral arting 1-1-37
10. Date deceased last worked at this occupation (month and pear)  year)  11. Total time (years)  spent in this occupation occupation	Embohans (heast) 6-7.3;
12. BIRTHPLACE (city or town) Frederick County Md.	Dther Coutributory Causes of importance:
13. NAME Levi Barrick	
13. NAME Levi Barrick  14. BIRTHPLACE (city or town) Frederick, (State or country) Md.	Name of operation Name Date of What test confirmed diagnosis?
2	23. If death was due to external causes (VIDL ENCE) fill In also the following:
16. BIRTHPLACE (city or town) Frederick County (State or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Mrs. Nora Zecher (Address) Hagerstown, Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL  Place Niddletown, Md. Date June 9, , 19	Manner of Injury
19. UNDERTAKER Fred W. Kraiss, (Address) Hagerstown Md.	24. Was disease or injury in any way related to occupation of deceased? No
20. FILED 6- 9-, 1937 Mast Bock	es 2 (Signed) Altoher Wells M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "storc," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5. 1927 Peritonitis 3 days ago Other contributory causes of importance Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

of OCCUPA.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

6933

1. PLACE OF DEATH	, , ,	82-0 ZA 1/	
County Hashings	con and	Registration Dist. No. 20 4	
Village or City	coch a de le	NoSt., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)	
Length of residence in city or town wh		sds. / How long in U.S. il of foreign birth?yrsmosds.	
2. FULL NAME	cy see du	iellres	
(a) Residence: No.		St., Ward.	
	(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	
Islande White	married	(Month) (Day) (Year)	
5a. I married, widowed, or divorced HUSBAND of		22.   I HEREBY CERTIFY, That I attended deceased from	
(or) WIFE of Clarence a Nivelbish		lug 5 19 5, to June 4, 1934	
6. DATE OF BIRTH (month, day, and year) Ones 15 - 1895		I last saw her alive on Thy 29 , 1937; death is said	
7. AGE Years Months		to have occurred on the date stated above, at	
52 2	20   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and this prognation from this prognation of the state of t		The first transfer of	
		Gerebral hemorrhage	
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.			
SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  year)  year)  occupation			
7 / /		Other Coutributory Causes of importance:	
(State or country) Hamf Country Has		La Tom Min	
13. NAME  14. BIRTHPLACE (city or town)  (State or country)		Name of operation	
		What test confirmed diagnosis? Was there an autopsy?	
15. MAIDEN NAME Quess Q	er Synglin	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
15. MAIDEN NAME Guey Ger Spoglown  16. BIRTHPLACE (city or town) Long by Grand (State or country)  17. INFORMANT MULLICE A SWELLIAM		Accident, suicide, or homicide?	
		Where did injury occur?	
		(Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) Thus	cock and		
18. BURIAL, CREMATION, OR REMOVAL		Menner of injury	
Place Pow Pow	Date 0, 182-	Neture of injury	
19. UNDERTAKER	Henderon	24. Wes disease or injury in any way related to occupation of deceased?	
(Address)	- Daw Wata	If so, specify	
20. FILED 617 1937 N	1 Helleus	(Signed) M, D,	
//	Registrar	(Address)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balismore, Requesting U. S. No. 1.

V. S. No. 1

2

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis Julu 5.1927 3 days ago Other contributory souses of im Other contributory causes of importance: Gallstones May 1,1923 1 year

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11 11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1931	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
1.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

ä

		ATE O	F MARY	LAND-	CERTIFICAT	E OF DE	ATH	6935
	1. PLACE OF DEATH					23		-
	County Washir	gton (	20			Registration	Dist. No.	502
	Village or CityS_e	curity	. Nd.		No.		St	Ward
	Langth of raeldanes in situ	tour whose d		(II	f death occurred in a hospital or ds. How long in U	r institution, give its NAN	AE instead of street	and number)
						.S. if of foreign birth?	yrs	mosds.
	2. FULL NAME							
	(a) Residence: No.	Sec			St., Ward.			
-	PEDCONAL AND		(Usual place of			The second secon	nt give city or town	
	PERSONAL AND S					L CERTIFICAT	E OF DEAT	Н
3.	4. COLOR O		5. SINGLE, MARRI OR DIVORCED	(write the word)	21. DATE OF DEA		2.0	Pr
	Male   Whit	e	Sing	le		June (Month)	18 (Day)	, 193_7(Yeer)
7.	DATE OF BIRTH (month, day, and AGE Years  O  8. Trede, prolession, or particularly work done, as S	Months O lar PINNER.	Days ·	If LESS than 1 day,hrs. ormin.	I last saw h alive to have occurred on the dat The PRINCIPAL CAUSE OF were as follows:	te stated ebove, et? F DEATH and related cau	June 18 18, 19 A m. ises of Importance	3.7; death Is said
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this coveration (mostly and the document) and the coverage of the coverage o			Stillborn gestation.					
000	10. Date deceased last worked this occupetion (month a year)	nd	11. Total tim spant occup	e (years) in this ation				
12. BIRTHPLACE (city or town) Security, Md. (State or country)				Other Contributory Canses (				
当 13. NAME Reno Park Evler				,				
FATHER	14. BIRTHPLACE (city or town)_ (State or country)			, Md.	Name of operation		Date	ol
ER	15. MAIDEN NAMEHelen	Eliza	abeth St	rawshure	Whet test confirmed diagnos			
MOTHER	16. BIRTHPLACE (city or town).			33. If death was due to extern Accident, suicide, or homicide			_	

19. UNDERTAKER (Address)

(State or country)

18. BURIAL, CREMATION, OR REMOVAL

(Address)

(Specify city or town, county and State)
Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.

(Signed)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 weck ago
July 5,1927	Peritonitis	3 days ago
	I BY YHI	***
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	P	
	/ 4/	
	1915 1921 July 5,1927	1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis  Other contributory causes of importance:

1 82-ov:	/-	
Registrat	tion Dist. No.	02
No. Panaborn B	Ival. st.	Ward
h occurred in a hospita for institution, give its N.		number)
ds. How long in U.S. if of foreign birth		nosds.
Shey If U. S. Veteran, specify WAR		
St., Ward.		
	dent give city or town and	d State
MEDICAL CERTIFICA	TE OF DEATH	
. DATE OF DEATH	16-21	4
(Month)	(Day)	(Year)
1 HEREBY CERT	IF W. That I attended	deceased from
Mars 30 187 10	June!	19.52
last saw led alive on Lun	efo 2 1987	: daath Is said
have occurred on the data stated above, at	1230 Pm.	
he PRINCIPAL CAUSE OF DEATH and ralated	causas of Importance	
Crebral Hem	mage	fate of onsat
		7
		***********
ther Coatributory Causes of Importance:		
4 /2 16		2
119 y ascon		
Missolvors.		
ame of operation	Data of	
hat tast confirmed diagnosis?	Was thara an	autopsy?
. If death was dua to external causes (VIOLENC	E) fill in also the following	ng:
ccident, suicida, or homicida?	Date of Injury	, 19
here did injury occur?(Specify of	ity or town, county and Sta	
pacify whether injury occurred In INDUSTRY, i	in HOME, or in PUBLIC PI	LACE.
lanner of Injury	***************************************	
lature of injury	4	
. Was disease or injury in any way related to c	occupation of dacaased?	No
f so, specify	1.0 h	
(Signed)	nsuula	M. D.
(Address)	& Allma //14	M

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clcrk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		Bro 6 1937	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis 8	1 year
		TO SEC.	

6937

1	. PLACE OF DEATH		108
	County Washington	Registration Dist. No. 313	
	Village or City Park Head - Clearspring	g Di	st NoSt,Ward
	Length of residence in city or town where death occurred 2 yrs.		death occurred in a hospital or institution, give its NAME instead of street and number)  19ds. How long in U.S. if of foreign birth?
,	R. FULL NAME Helen Jane Gladhil	11	If U. S. Veteran, specify WAR
•	(a) Residence: No. Park Head. Md.	*****************	St., Ward.
-	(Usual place of abode)		If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	5	MEDICAL CERTIFICATE OF DEATH
3.	Female 4. color or RACE 5. SINGLE, MARRIED, WIDO OR DIVORCED (write the Single	WED, word)	21. DATE OF DEATH  June 9, 193 7  (Month) (Oay) (Year)
5a.	If married, widowed, or divorced HUSBAND of		
	(or) WIFE of		22. I HEREBY CERTIFY, That I attended deceased from
6.	DATE OF BIRTH (month, day, and yeer) May 21, 1935		I last saw head elive on 6-8-37, 19; death is sald
7	AGE Years Months Days If LES		to heve occurred on the date stated above, et 3:30
	2 0 19 1day,		The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:
N	8. Trade, profession, or particular kind of work dome, es SPINNER, SAWYER, BOOKKEEPER, etc	3	Topar Premionin bilding 5.3;
OCCUPATION	9. Industry or business in which	1	<i>f</i>
UP	work was done, as SILK MILL, SAW MILL, BANK, etc		
000	10. Oate deceased last worked at this occupation (month and spent in this		
-	year) occupation		Other Contributory Causes of importance:
12.	BIRTHPLACE (city or town) Park Head (State or country) Idd.		Convulsions Characteristic
<u>~</u>	13. NAME Clarence Gladhill		of mennyed orsilation
FATHER	14. BIRTHPLACE (city or town) Washing ton Count;	17	Olive to the meaning of the oracle
FA	(State or country)	¥	Name of operation
ER	15. MAIDEN NAME Bessie V. Mills		23. If death was due to external causes (VIOLENCE) fill in also the following:
MOTHER	16. BIRTHPLACE (city or town) Washington Cou	Accident, suicide, or homicide? Date of Injury, 19	
Σ	(Stete or country) Md.	Where did injury occur? (Specify city or town, county and State)	
17.	INFORMANT Clarence Gladhill (Address) Clarespring, Md. R. F.	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL			Manner of injury
Place Park Head, Md. Date une 11. 19 37			Nature of injury
19.	undertaker Snyder-Rowland Funeral	24. Was disease or injury in any way related to occupation of deceased?	
-	(Address) Hancock, Md.		If so, specify
20.	FILESKING 11, 193 ( ) W MUNG	M	(Signed) M. D.
	/ Reg	istrar	(Address)

If more blanks are needed, add as State Reginrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deccased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis		The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	
Chronic interstitial nephritis 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

See instructions on back of certificate.

	infor-	state	UPA-
1	H UNFADING INK-THIS IS A PERMANENT SC AD. Every item of infor-	y supplied. AGE should be stated EXACTLY. PHYSICIANS should state	ain terms, so that it may be properly classified. Exact statement of OCCUPA-
X	Every	CIANS	ement
2	D.	YSI	stat
	Jac.	. PH	Exact
	6	×	
MARGIN RESERVED FOR BINDING	LANEN	ACTL	ssified.
Z	RM	×	cla
Y	PE	回	ly.
K	A	ted	per
Ŧ	S	sta	pro
OS.	HIS	pe	pe
>	F	plu	ay
E K	M	hor	t m
Š	Z	02 Fw3	+ 1
X	5	AGE	tha
Z			80
G	(A)	ed.	s,
K	Z	pli	ern
MA	0	ins	1 +
1	1	-	iii

	-CERTIFICATE OF DEATH 6938
1. PLACE OF DEATH	52)
County Washington	Registration Dist. No.
Village or City Hagerstown	No. 307 N. Jonathan Street, Sward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred 26 yrs.	mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Charles Gross	If U. S. Veteran, specify WAR
(a) Residence: No. 307 N. Jonathan Stre (Usual place of abode)	et St., — Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)   Married	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma P. Gross	22. I HEREBY CERT1FY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) November 2, 185	
7. AGE Years Months Days If LESS that	0.450
81 7 9 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Trade, profession, or perticular	were as follows: bour bancer of Hagad Date of onset
kind of work done, as SPINNER, Laborer SAWYER, BOOKKEEPER, etc.	ma later time
9. Industry or business in which work was done, as SILK MILL.	21020
kind of work done, as SPINNER, Laborer SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year)	
	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Clearspring (State or country) Md.	
13. NAME Gross 14. BIRTHPLACE (city or town) Washington County	
14. BIRTHPLACE (city or town) Washington County (Stete or country) Md	Name of operation Date of
and the second s	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Mary  16. BIRTHPLACE (city or town) Washington County	23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?
(State or country) Md.	Where did injury occur?
17. INFORMANT Mrs. Emma P. Gross, (Address) Hagerstown, Md.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Clearspring, Mode June 14, 19	Nature of Injury
19. UNDERTAKER Snyder-Rowland Funeral Hor (Address) Tlearspring Md	16 24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed So Glessell Cand Celly Barrage
20. FILED 19 Registrar	(Address) Cagesitown (Mill)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	The principal cause of death and related causes Date of ons of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis RXO	3 days ago
		JUL 6 1000	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis BUREAU V.	1 year
		133	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

N. B.—WRITE PLANLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH County  Willage or City  Willage or City  Ullage or City  Ullage or City  Ullage or City  Ward  Length of residence in city or town white geals occurred.  (a) Residence: No.  (b) How long in U.S. If of torsign birthy.  Man.  2. FULL NAME  (a) Residence: No.  (Usuatplace of shock)  PERSONAL AND STATISTICAL PARTICULARS  S. SEX  4. COLOR OR SACE  S. SINCLE MARRIED, WIDOWED.  (Noinh)  S. If married widowed, or divorced (Usuatplace of shock)  PERSONAL AND STATISTICAL PARTICULARS  S. SINCLE MARRIED, WIDOWED.  (Noinh)  S. If married widowed, or divorced (Usuatplace of shock)  PERSONAL AND STATISTICAL PARTICULARS  MEDICAL CERTIFICATE OF DEATH  22. DATE OF DEATH  (Noinh)  (Noinh	STATE OF MARYLAND—	CERTIFICATE OF DEATH 6939
Village or City.    No.   Ward   Langth of residence in city or town where death occurred   Ward   Langth of residence in city or town where death occurred   Ward   Ward	1. PLACE OF DEATH	- B 301/
Length of residence in city or town where death occurred.  Length of residence in city or town where death occurred.  2. FULL NAME.  (a) Residence: No.  (b) Ward.  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OB MACE  5. SINCLE MARRIED, WINDWED  6. DATE OF BIRTH (month, day, and year)  7. AGE  Cests  Mights  Days  11 LESS than  1 day.  11 LESS than  1 show one of the date stated above, at.  11 the PRINCIPAL CAUSE OF BATH and related causes of importances  The ROMOREPER, etc.  9. Industry or bowns and State  MEDICAL CERTIFICATE OF DEATH  21. DATE OF BIRTH (month, day, and year)  1. AGE  1. HER EBY C.F.B. T. I. That I attended decessed from the word of a six of work does as STININER, SAWYER, BOOKEPER, etc.  9. Industry or business in which it is said to have occurred on the date stated above, at.  1. The RENORPAL CAUSE OF BATH and related causes of importances  1. B. BIRTHPLACE (city or town)  1. B. BIR	county Paskinglow	Registration Dist. No. 304
Length of residence in city or town where death occurred yrg. mes. ds. How long in U.S. If of foreign birth? yrs. mes. ds. How long in U.S. If of foreign birth? yrs. mes. ds. How long in U.S. If of foreign birth? yrs. mes. ds. How long in U.S. If of foreign birth? yrs. mes. ds. How long in U.S. If of foreign birth? yrs. mes. ds. How long in U.S. If of foreign birth? yrs. mes. ds. How long in U.S. If of foreign birth? yrs. mes. ds. How long in U.S. If of foreign birth? yrs. mes. ds. How long in U.S. If of foreign birth? yrs. mes. ds. How long in U.S. If of foreign birth? yrs. mes. ds. How long in U.S. If of foreign birth? yrs. mes. ds. How long in U.S. If of foreign birth? yrs. mes. ds. How long in U.S. If of foreign birth? yrs. mes. ds. How long in U.S. If of foreign birth? yrs. mes. ds. How long in U.S. If of foreign birth? yrs. mes. ds. How long in U.S. If of foreign birth? yrs. mes. ds. How long in U.S. If of foreign birth? yrs. mes. ds. How long in U.S. If of foreign birth? yrs. mes. ds. How long in U.S. If of foreign birth? yrs. mes. ds. How long in U.S. If of foreign birth? yrs. mes. ds. How long in U.S. If of foreign birth? yrs. mes. ds. How long in U.S. If of foreign birth? yrs. mes. ds. How long in U.S. If of foreign birth? yrs. mes. ds. How long in U.S. If of foreign birth? yrs. mes. ds. How long in U.S. If of foreign birth? yrs. mes. ds. How long in U.S. If of foreign birth? yrs. mes. ds. How long in U.S. If death was due to external causes (Hou Ency English In a both of long in U.S. If death was due to external causes (Hou Ency English In U.S. If death was due to external causes (Hou Ency English In U.S. If death was due to external causes (Hou Ency English In U.S. If death was due to external causes (Hou Ency English In U.S. If death was due to external causes (Hou Ency English In U.S. If death was due to external causes (Hou Ency English In U.S. If death was due to external causes (Hou Ency English In U.S. If death was due to external causes (Hou Ency English In U.S. If death was due to external c		
(a) Residence: No. (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGE, MARRIED, WIDDWED, OR BLMORCED (write the world)  53. If married/ widewed, or divorced Household (Nonth)  54. On the deceased of the world (Cry) vite of the world (Nonth)  55. DATE OF BIRTH (month, day, and year)  77. AGE  78. Trade, protession, or particular (Month), day, and year)  8. Trade, protession, or particular (Month), day, and year)  8. Trade, protession, or particular (Month), day, and year)  11. Industry or business in which (Month)  12. BIRTHPLACE (city or fown)  13. NAME  14. SAWER, BLOOKEEPER, etc.  14. Date deceased last worked at this occupation (month and f) (Cry) vite of the world (Cr		
PERSONAL AND STATISTICAL PARTICULARS   MEDICAL CERTIFICATE OF DEATH	2. FULL NAME Infant Hanne	
PERSONAL AND STATISTICAL PARTICULARS   MEDICAL CERTIFICATE OF DEATH	(a) Residence: No.	St. Ward
3. SEX 4. COLOR OR NACE OR BYONCED Currie the word)  5a. If married, widewed, or diverced (co) wife of (co) w		
Sa. If married, widowed, or divorced HUSBAND (Day)  6. DATE OF BIRTH (month, day, and year)  7. AGE Years Mogths Deys If LESS than I day	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sa. If married, widowed, or divorced HUSBAND or O(r) VirE of O(r) VirE	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	June 10 193/
8. DATE OF BIRTH (month, day, and year)  7. AGE  7. AGE  8. Years  8. Yrade, profession, or particular kind of work done, as SPINNER, Mind of work done, as	HUSBAND of	
T. AGE  Years  Months  Deys  If LESS than I day hrs. or min.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Data of onset  Were as follows:  Data of onset  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Data of onset  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Data of onset  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Data of onset  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Data of onset  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Data of onset  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Data of onset  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Data of onset  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Data of onset  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Data of onset  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Data of onset  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Data of onset  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Data of onset  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Data of onset  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Data of onset of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH And related causes of importance were as follows:  The PR		Jane 15, 1977, 10 June 15, 19.37
Data of onset	6. DATE OF BIRTH (month, day, and year) tune 15 37	1 last saw h: m aliver on elleron final (5, 1937; death is said
8. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BOUKKEPER, etc.  SAWER, BOUKKEPER, etc.  10. Date decessed last worked at this occupation (month and year)  Spant in this occupation (month and year)  Spant in this occupation (month and year)  State or southly)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  Accident, suicide, or homicide?  17. INFORMANT  (Address)  18. BURLAL PREMATION, OR REMOVAL  Piglian  19. UNDERTAKER  (Address)  20. FILED  21. Signed)  Registrar.  Data of onset  Were as follows:  Data of onset  What test confirmed diagnosis?  Was there an au'opsy?  23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  19. UNDERTAKER  (Address)  Amanner of injury  Nature of injury  Nature of injury  Nature of injury in any way related to occupation of decessed?  (Signed)  Amanner of injury in any way related to occupation of decessed?  (Signed)  Amanner of injury in any way related to occupation of decessed?  (Address)		to have occurred on the date stated above, at
8. Trade, profession, or particular side of work done as SPINNER, SAWER, BOOKEPER, etc.  9. Judgestry or business in which work was done, as SILK MILL, SAW MILL, BARK, etc.  10. Date deceased last worked at this occupation (month and typar)  12. BIRTHPLACE (city or town)  (State or posity)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Place  19. UNDERTAKER  (Address)  20. FILED  20. FILED  21. Signed  (Signed)  (Address)  (Address)  24. Was disease or injury in any way related to occupation of deceased?  (Signed)  (Address)  (Address)  (Address)  (Address)		were as follows:
12. BIRTHPLACE (city or town) (State or souphty)  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL CREMATION, OR REMOVAL Place  19. UNDERTAKER (Address)  20. FILED  21. Town of the Cantributary Canses of importance:  18. Other Cantributary Canses of importance:	2 Trade profession or particular	Data of onset
12. BIRTHPLACE (city or town) (State or souphty)  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL CREMATION, OR REMOVAL Place  19. UNDERTAKER (Address)  20. FILED  21. Town of the Cantributary Canses of importance:  18. Other Cantributary Canses of importance:	9. Industry or business in which	wayyor
12. BIRTHPLACE (city or town) (State or souphty)  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL CREMATION, OR REMOVAL Place (Address)  19. UNDERTAKER (Address)  20. FILED  21. Section of town) (Signed)  22. Accident, suicide, or homicide? (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Signed)  (Signed)  (Address)  (Address)  (Address)  (Address)  (Address)  (Signed)  (Address)	work was done, as SILK MILL, SAW MILL, BANK, etc	Still Cort
Other Cantributary Canses of importance:  Other Cantributary Canses of i	- I spantin this	
13. NAME   14. BIRTHPLACE (city or town)   15. MAIDEN NAME   16. BIRTHPLACE (city or town)   16. BIRTHPLACE (city or town)   16. BIRTHPLACE (city or town)   17. INFORMANT   (State or country)   18. BURIAL GREMATION, OR REMOVAL   Place   18. BURIAL GREMATION, OR REMOVAL   19. UNDERTAKER (Address)   18. BURIAL GREMATION, OR REMOVAL   19. UNDERTAKER (Address)   19. UNDER	1/200000 = 0	Other Cantributary Canses of importance:
What test confirmed diagnosis? Was there an au'opsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL CREMATION, OR REMOVAL Place (Address)  19. UNDERTAKER (Address)  20. FILED  20. FILED  20. FILED  21. INFORMANT (State of country)  What test confirmed diagnosis? Was there an au'opsy?  22. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide? Date of injury  Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  Nature of injury  19. UNDERTAKER (Address)  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Address)  (Address)		
What test confirmed diagnosis? Was there an au'opsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL CREMATION, OR REMOVAL Place (Address)  19. UNDERTAKER (Address)  20. FILED  20. FILED  20. FILED  21. INFORMANT (State of country)  What test confirmed diagnosis? Was there an au'opsy?  22. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide? Date of injury  Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  Nature of injury  19. UNDERTAKER (Address)  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Address)  (Address)	13. NAME Sechard Hans.	\$3
What test confirmed diagnosis? Was there an au'opsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL CREMATION, OR REMOVAL Place (Address)  19. UNDERTAKER (Address)  20. FILED  20. FILED  20. FILED  21. INFORMANT (State of country)  What test confirmed diagnosis? Was there an au'opsy?  22. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide? Date of injury  Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  Nature of injury  19. UNDERTAKER (Address)  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Address)  (Address)	14. BIRTHPLACE (city or town)	Name of operation Date of
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or countyry)  17. INFORMANT  (Address)  18. BURIAL CREMATION, OR REMOVAL  Place Countyry  19. UNDERTAKER  (Address)  23. If death was due to external causes (VIOL ENCE) fill In also the following:  Accident, suicide, or homicide?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  19. UNDERTAKER  (Address)  24. Was disease or injury in any way related to occupation of deceased?  (Signed)  (Signed)  (Address)  (Address)  (Address)  (Address)  (Address)	(State or country)	
Where did injury occur?  17. INFORMANT	15. MAIDEN NAME Stauche Darmhart	·
Where did injury occur?  17. INFORMANT	16 RIPTHDI ACE (eity or town)	
17. INFORMANT (Specify city or town, county and State) 18. BURIAL CREMATION, OR REMOVAL Place Bate 137  19. UNDERTAKER (Address)  20. FILED (19. 19.3.)  Registrar.  (Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  (Address)  Manner of injury  Nature of injury  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Address)  M. D.	∑ (State or country)	
18. BURIAL CREMATION, OR REMOVAL Place of injury  19. UNDERTAKER (Address)  20. FILED  20. FILED  20. FILED  20. CREMATION, OR REMOVAL Registrar.  Manner of injury Nature of injury Nature of injury in any way related to occupation of deceased?  (Signed)  (Address)  (Address)  (Address)  (Address)	5	(Specify city or town, county and State)
Place Manner of injury  Nature of injury  19. UNDERTAKER UCLIANS SAME 24. Was disease or injury in any way related to occupation of deceased?  (Address)  20. FILED 6 1 5 , 19 3 7 2 4 4 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	- Humu Gall	
20. FILED COLLS, 1937 Thus Colls and (Signed) (Signed) And Colls M. D. Registrar. (Address) And Colls M. D.	n. 262. 1 he and 1/2-1. 1 29	
20. FILED CO 1937 I Pfeutcuic (Signed) Lift Co Ch M. D.  Registrar. (Address) Linu Co Ch M. D.		
Registrar. (Ardress) That Color M	(1 = == 400 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	2 . The state of the
	Registrar.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The second second	Example-I	il	Example II	
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	JUL 6 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephri	tis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	HUWEAU V. S.	July 5,1927	Peritonitis	3 days ago
1				
Other contributory cau	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
			,	

ADDITIONAL SPACE FOR FURTHI	R STATEMENTS BY PHYSICIAN
-----------------------------	---------------------------

2. FULL NAMES 1: DORN Child Char E. Hays II U. S. Veteran, specify WAR.  (a) Residence: No. 9.3.3.5.4.   (Usual place of abodo)  PERSONAL AND STATISTICAL PARTICULARS  3.55X  4. COLOR OR RACE  S. SINCLE, MARRIED, WIDOWCD, Only VIDENAM Co. 1   S. Trade, profession, or peritorise wind of work dome as STNNER, SAYWER, BOOKEEPER, etc.  3. Trade, profession, or peritorise wind of work dome as STNNER, SAYWER, BOOKEEPER, etc.  3. Libraty or business in which work was done as SIN kM MIL, SAM MILL, SAM, SAK, SEC.  3. Trade, profession, or peritorise wind of work dome as STNNER, SAYWER, BOOKEEPER, etc.  3. Trade, profession, or peritorise wind of work dome as STNNER, SAYWER, BOOKEEPER, etc.  3. Trade, profession, or peritorise wind of work dome as STNNER, SAYWER, BOOKEEPER, etc.  3. Trade, profession, or peritorise wind of work dome as STNNER, SAYWER, BOOKEEPER, etc.  3. Trade, profession, or peritorise wind of work dome as STNNER, SAYWER, BOOKEEPER, etc.  3. Trade, profession, or peritorise wind of work dome as STNNER, SAYWER, BOOKEEPER, etc.  3. Trade, profession, or peritorise wind of work dome as STNNER, SAYWER, BOOKEEPER, etc.  3. Trade, profession, or peritorise wind of work dome as STNNER, SAYWER, BOOKEEPER, etc.  3. Trade, profession, or peritorise wind of work dome as STNNER, SAYWER, BOOKEEPER, etc.  3. Trade, profession, or peritorise wind of work dome as STNNER, SAYWER, BOOKEEPER, etc.  3. Trade, profession, or peritorise wind of work dome as STNNER, SAYWER, BOOKEEPER, etc.  3. Trade, profession, or peritorise wind of work dome as STNNER, SAYWER, BOOKEEPER, etc.  3. Trade, profession, or peritorise wind of work dome as STNNER, SAYWER, BOOKEEPER, etc.  3. Trade, profession, or peritorise wind of work dome as STNNER, SAYWER, BOOKEEPER, etc.  3. Trade, profession, or peritorise wind of work dome as STNNER, SAYWER, BOOKEEPER, BOOKEEPER, BOOKEEPER, BOOKEEPER, BOOKEEPER,	1. PLACE OF DEATH		<u> </u>
Village or City 100 100 100 100 100 100 100 100 100 10	county Washingt	on	Registration Dist. No. 302
Leagth of raiddence In-effy or town where deeth occurred yrs	Village or City House	TO WY	
2. FULL NAMES 1: DORN Child Char E. Hays II U. S. Veteran, specify WAR.  (a) Residence: No. 9.3.3.5.4.   (Usual place of abodo)  PERSONAL AND STATISTICAL PARTICULARS  3.55X  4. COLOR OR RACE  S. SINCLE, MARRIED, WIDOWCD, Only VIDENAM Co. 1   S. Trade, profession, or peritorise wind of work dome as STNNER, SAYWER, BOOKEEPER, etc.  3. Trade, profession, or peritorise wind of work dome as STNNER, SAYWER, BOOKEEPER, etc.  3. Libraty or business in which work was done as SIN kM MIL, SAM MILL, SAM, SAK, SEC.  3. Trade, profession, or peritorise wind of work dome as STNNER, SAYWER, BOOKEEPER, etc.  3. Trade, profession, or peritorise wind of work dome as STNNER, SAYWER, BOOKEEPER, etc.  3. Trade, profession, or peritorise wind of work dome as STNNER, SAYWER, BOOKEEPER, etc.  3. Trade, profession, or peritorise wind of work dome as STNNER, SAYWER, BOOKEEPER, etc.  3. Trade, profession, or peritorise wind of work dome as STNNER, SAYWER, BOOKEEPER, etc.  3. Trade, profession, or peritorise wind of work dome as STNNER, SAYWER, BOOKEEPER, etc.  3. Trade, profession, or peritorise wind of work dome as STNNER, SAYWER, BOOKEEPER, etc.  3. Trade, profession, or peritorise wind of work dome as STNNER, SAYWER, BOOKEEPER, etc.  3. Trade, profession, or peritorise wind of work dome as STNNER, SAYWER, BOOKEEPER, etc.  3. Trade, profession, or peritorise wind of work dome as STNNER, SAYWER, BOOKEEPER, etc.  3. Trade, profession, or peritorise wind of work dome as STNNER, SAYWER, BOOKEEPER, etc.  3. Trade, profession, or peritorise wind of work dome as STNNER, SAYWER, BOOKEEPER, etc.  3. Trade, profession, or peritorise wind of work dome as STNNER, SAYWER, BOOKEEPER, etc.  3. Trade, profession, or peritorise wind of work dome as STNNER, SAYWER, BOOKEEPER, etc.  3. Trade, profession, or peritorise wind of work dome as STNNER, SAYWER, BOOKEEPER, BOOKEEPER, BOOKEEPER, BOOKEEPER, BOOKEEPER,		J	
(a) Residence: No. 9 3.3 S. M. M. 1 T. Y. S.  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  1. COLOR OR RACE  REDIVACED (write the world)  Sa. II merried, widowed, or divorced HISAND of (or) Wile of  Sa. II merried, widowed, or divorced HISAND of (or) Wile of  Sa. II merried, widowed, or divorced HISAND of (or) Wile of  Sa. Trade, profession, or perticular Sind of work done, as SPINNER, SAVER, BOOKEEFER, etc.  Sa. Diputstry or business in which work done, as SPINNER, SAVER, BOOKEEFER, etc.  Sal publicative or business in which work of was done, as SPINNER, SAVER, BOOKEEFER, etc.  Sal publicative or business in which work of was done, as SPINNER, SAVER, BOOKEEFER, etc.  Sal publicative or business in which work of was done, as SPINNER, SAVER, BOOKEEFER, etc.  Sal publicative or business in which work of was done, as SPINNER, SAVER, BOOKEEFER, etc.  Sal publicative or business in which work of was done, as SPINNER, SAVER, BOOKEEFER, etc.  Sal publicative or business in which work of was done, as SPINNER, SAVER, BOOKEEFER, etc.  Sal publicative or business in which work of was done, as SPINNER, SAVER, BOOKEEFER, etc.  Sal publicative or business in which work of was done, as SPINNER, SAVER, BOOKEEFER, etc.  Sal publicative or business in which work of was done, as SPINNER, SAVER, BOOKEEFER, etc.  Sal publicative or business in which work of was done, as SPINNER, SAVER, BOOKEEFER, etc.  Sal publicative or business in which work of was done, as SPINNER, SAVER, BOOKEEFER, etc.  Sal publicative or business in which work of was done, as SPINNER, SAVER, BOOKEEFER, etc.  Sal publication of the dete steeled above, etc. II am.  The PRINCIPAL CAINS OF DEATH and related causes of importance were as follows:  Saver Bookeeper death and related causes of importance were as follows:  Saver Bookeeper death and related causes of importance were as follows:  Saver Bookeeper death and related causes of importance were as follows:  Saver Bookeeper death and related causes of importance were as follows:  Saver Bookeeper death and rela	Length of rasidence In-city or town where	deeth occurredyrs	mosds. How long In U.S. if of foreign birth?yrsmosd
(a) Residence: No. 9 3.3 S. M. M. 1 T. Y. S.  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  1. COLOR OR RACE  REDIVACED (write the world)  Sa. II merried, widowed, or divorced HISAND of (or) Wile of  Sa. II merried, widowed, or divorced HISAND of (or) Wile of  Sa. II merried, widowed, or divorced HISAND of (or) Wile of  Sa. Trade, profession, or perticular Sind of work done, as SPINNER, SAVER, BOOKEEFER, etc.  Sa. Diputstry or business in which work done, as SPINNER, SAVER, BOOKEEFER, etc.  Sal publicative or business in which work of was done, as SPINNER, SAVER, BOOKEEFER, etc.  Sal publicative or business in which work of was done, as SPINNER, SAVER, BOOKEEFER, etc.  Sal publicative or business in which work of was done, as SPINNER, SAVER, BOOKEEFER, etc.  Sal publicative or business in which work of was done, as SPINNER, SAVER, BOOKEEFER, etc.  Sal publicative or business in which work of was done, as SPINNER, SAVER, BOOKEEFER, etc.  Sal publicative or business in which work of was done, as SPINNER, SAVER, BOOKEEFER, etc.  Sal publicative or business in which work of was done, as SPINNER, SAVER, BOOKEEFER, etc.  Sal publicative or business in which work of was done, as SPINNER, SAVER, BOOKEEFER, etc.  Sal publicative or business in which work of was done, as SPINNER, SAVER, BOOKEEFER, etc.  Sal publicative or business in which work of was done, as SPINNER, SAVER, BOOKEEFER, etc.  Sal publicative or business in which work of was done, as SPINNER, SAVER, BOOKEEFER, etc.  Sal publicative or business in which work of was done, as SPINNER, SAVER, BOOKEEFER, etc.  Sal publication of the dete steeled above, etc. II am.  The PRINCIPAL CAINS OF DEATH and related causes of importance were as follows:  Saver Bookeeper death and related causes of importance were as follows:  Saver Bookeeper death and related causes of importance were as follows:  Saver Bookeeper death and related causes of importance were as follows:  Saver Bookeeper death and related causes of importance were as follows:  Saver Bookeeper death and rela	2. FULL NAMES Till DO	on Child Cha	E. Hays - If U. S. Veteran, specify WAR
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  REDIVORCED (write the word)  REDIVORCED (write the word)  So. If merried, widowed, or diverced Hospan (or) Wife of or)  If merried, widowed, or diverced Hospan (or) Wife of or)  So. If merried, widowed, or diverced Hospan (or) Wife of or)  If merried, widowed, or diverced Hospan (or) Wife of or)  If merried, widowed, or diverced Hospan (or) Wife of or)  If merried, widowed, or diverced Hospan (or) Wife of or)  If merried, widowed, or diverced Hospan (or) Wife of or)  If merried, widowed, or diverced Hospan (or) Wife of or)  If merried, widowed, or diverced Hospan (or)  If merried, widowed, or diverced Hospan (or) Wife of or)  If merried, widowed, or diverced Hospan (or)  If the re BY CERTIFY, That I attended daceased from the dete steted above, et Hom.  If have occurred on the dete steted above, et Hom.  If have occurred on the dete steted above, et Hom.  If have occurred on the dete steted above, et Hom.  If have occurred on the dete steted above, et Hom.  If have occurred on the dete steted above, et Hom.  If have occurred on the dete steted above, et Hom.  If have occurred on the dete steted above, et Hom.  If have occurred on the dete steted above, et Hom.  If have occurred on the dete steted above, et Hom.  If have occurred on the dete steted above, et Hom.  If have occurred on the dete steted above, et Hom.  If have occurred on the dete steted above, et Hom.  If have occurred on the dete steted above, et Hom.  If have occurred on the dete steted above, et Hom.  I	(a) Residence: No. 933 Su	mmit Ave	1 7
3. SEX 4. COLOR OR RACE S. SINCLE MARRIED, WIDOWED OR DIVORCED (curic the word)  21. DATE OF DEATH  (Month) (Dey) (Yeer)  (Yeer)  (Yeer)  22. I HEREBY CERTIFY. That I attended daceased from the word)  (Or) Wife of the profession, or perticular with one as SPINNER, SAWYER, BOOKKEPER, etc.  3. Judicy To businass in Minith, Saky Certify or businass in Min			
The PRINCE (city or town).  22. I HERE BY CENTIFY. That I attended daceased from the date steted above, etc		ICAL PARTICULARS	
HUSBAND of (or) WIFE or WIFE of (or) WIFE of	male white		word) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
11. Total tims (yasrs)  12. BIRTHPLACE (city or town)  13. NAME  14. SAW MILL, BARK, etc.  15. SAW MILL, BARK, etc.  16. Deter deceesed lest worked at this occupation (month and yeer)  16. State or country)  17. INFORMANT  18. SIRTHPLACE (city or town)  19. (0. 19. (deeth is so to have occurred on the dete steted above, et. 1. The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:  18. BIRTHPLACE (city or town)  19. (deeth is so to have occurred on the dete steted above, et. 1. The principal causes of importance were es follows:  19. (deeth is so to have occurred on the dete steted above, et. 1. The principal causes of importance were es follows:  10. Dete deceesed lest worked at this occupation (month and yeer)  10. Dete deceesed lest worked at this occupation (month and yeer)  11. Total tims (yasrs)  12. BIRTHPLACE (city or town)  13. NAME  14. BIRTHPLACE (city or town)  15. MAIDEN NAME  16. SIRTHPLACE (city or town)  17. INFORMANT  18. BURNAL, REBMATION, OR REMOVAL  19. Place Y & S. Castella Causes of importance were es follows:  19. UNDERTAKER  19. (deeth is so to have occurred on the dete steted above, et. 1. The min.  19. (deeth is so to have occurred on the dete steted above, et. 1. The min.  19. (deeth is so to have occurred on the dete steted above, et. 1. The min.  19. (deeth is so the steted above, et. 1. The min.  19. (deeth is so the steted above, et. 1. The min.  19. (deeth is so to have occurred on the dete steted above, et. 1. The min.  19. (deeth is so the steted above, et. 1. The min.  19. (deeth is so to have occurred on the dete steted above, et. 1. The min.  19. (deeth is so to have occurred on the dete steted above, et. 1. The min.  19. (deeth is so to have occurred on the dete steted above, et. 1. The min.  19. (deth is so specify occurred on the dete steted above, et. 1. The min.  19. (deth is so specify occurred in the detested above, et. 1. The min.  19. (deth is so specify occurred in the detested above, et. 1. The min.  19. (deth is so specify occurred in the	5a. If merried, widowed, or divorced HUSBAND of	0	22 LHEDERY CERTIEV THILIPATOR
S. DATE OF BIRTH (month, dey, end year)  7. AGE  Years  Months  Days  If LESS then  1 day	(or) WIFE of		
The Principal Causes of importance were es follows:    Savyer	C DATE OF BIRTH (month to make the second	1 \0.3	
S. Trade, profession, or perticuler kind of work done, es SPINKER, SAWYER, BOOKKEPER, etc.   Date of ent were es follows:   Date of est were es follows:   Date of est were es follows:   Date of ent were es follows:   Date of est were es follows:			
8. Trade, profession, or perticular kind of work demones STINNER, SAWYER, BOOKKEEPER, etc.  9. Jadustry or business In which was done, as STILK MILL, SAW MILL, BARK, etc.  10. Dete deceesed lest worked at this occupation (month and soccupation)  12. BIRTHPLACE (city or town). A Q CY STO WAS STORY OF THE COUNTY)  13. NAME A Q VICE E Hay 6  14. BIRTHPLACE (city or town). The Q CY STO WAS STORY OF THE COUNTY)  15. MAIDEN NAME, Y Q A COUNTY OF THE CO		1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
Neme of operation.    Saw Mill, BANK, etc.	9 Trade profession or particular		nin. were es follows: Date of onse
Other Cautributery Causes of importence:  Other Cautributery Causes  Other Cautributery  Other Cautributery  Other Cautributery  Other Cautributery  Other Cautributery  Other Cautributery  Other Cautributery	kind of work done, es SPINNER,		04 0
Other Castributory Casses of importance:  12. BIRTHPLACE (city or town). Hagey stown.  (State or country)  13. NAME hay be an autopsyll.  14. BIRTHPLACE (city or town). Sylence at the State or country)  15. MAIDEN NAME, ya; a tray s.  (State or country)  16. BIRTHPLACE (city or town). Sylence at the State or country)  17. INFORMANT axyles E Hays.  (Address)  18. BURIAL, CREMATION, OR REMOVAL Place.  Place years a sylence at the sylence a	9. Industry or business In which		Slill town
Other Castributory Casses of importance:  12. BIRTHPLACE (city or town). Hagey stown.  (State or country)  13. NAME hay be an autopsyll.  14. BIRTHPLACE (city or town). Sylence at the State or country)  15. MAIDEN NAME, ya; a tray s.  (State or country)  16. BIRTHPLACE (city or town). Sylence at the State or country)  17. INFORMANT axyles E Hays.  (Address)  18. BURIAL, CREMATION, OR REMOVAL Place.  Place years a sylence at the sylence a	SAW MILL, BANK, etc	******	6 (1 D X
13. NAME Chayles E. Hays  14. BIRTHPLACE (city or town) Sylencas Howard (Stata or country)  15. MAIDEN NAME), Yain a Tear's S.  16. BIRTHPLACE (city or town) Chambers burg Accident, suicide, or homicide? Date of injury.  17. INFORMANT Cayles E. Hays  18. BURIAL, CREMATION, OR REMOVAL Place Sylencas Howard State (Address)  19. UNDERTAKER Cayles Accident, suicide, or lower in Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  19. UNDERTAKER Cayles Accident, suicide, or homicide? Specify city or town, country and State)  19. UNDERTAKER Cayles Accident, suicide, or homicide? Specify city or town, country and State)  19. Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  19. Where of injury Menner of Injury Nature of Injury Nature of Injury Nature of Injury (Address)  19. UNDERTAKER Cayles Accident suicide, or homicide? Specify city or town, country and State)  19. UNDERTAKER Cayles Accident suicide, or homicide? Specify city or town, country and State)  19. UNDERTAKER Cayles Accident suicide, or homicide? Menner of Injury Nature of Injury Nature of Injury Nature of Injury Nature of Injury (Specify city or town, country and State)  19. UNDERTAKER Cayles Accident suicide, or homicide? Menner of Injury In any wey related to occupation of deceased? If so, specify (Signed) Signed (Signed) Menner of Injury In any wey related to occupation of deceased? Menner of Injury (Signed) Signed (Signed) Menner of Injury In any wey related to occupation of deceased? Menner of Injury (Signed) Signed (Signed) Menner of Injury Injury Menner of Injury Injury Menner of Injury (Signed) Signed (Signed) Menner of Injury Menner of Injury Menner of Injury Injury Menner of Injury Menn	this occupation (month and	spent in this	/ (gro, franchire)
(Steta or country)  I 13. NAME Chayles E. Hays  I 14. BIRTHPLACE (city or town) Sylencas Ha (Stata or country)  What test confirmed diegnosis? West there an autopsylence of the country of the confirmed diegnosis? West there an autopsylence of the confirmed diegnosis? Sylencas Hays of the confirmed diegnosis?  I 15. MAIDEN NAME, Yain a Teay's of the confirmed diegnosis? Accident, suicide, or homicide? Date of injury.  I 16. BIRTHPLACE (city or town) Chaufays burg Accident, suicide, or homicide? Date of injury.  I 17. INFORMANT Cayles E Hays Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  I 18. BURIAL, CREMATION, OR REMOVAL Place Date Will 23, 1931 Menner of Injury.  I 19. UNDERTAKER Specify Sylencas Hays Date Will 23, 1931 Nature of Injury in any wey related to occupation of deceased? If so, specify Albert March Mills Mi	Hage	v sto un.	Other Cautributery Causes of importence:
What test confirmed diegnosis?		md.	
What test confirmed diegnosis?	# 13. NAME Chayles E.	Haus	
What test confirmed diegnosis? What test confirmed diegnosis? What test confirmed diegnosis? Westhere an autopsy?   15. MAIDEN NAME, YQ; Q; Q; Q; YQ; S.  16. BIRTHPLACE (city or town) Charactery's burg (Stata or country)  17. INFORMANT Charactery's burg (Specify city or town, county and State)  18. BURIAL, CREMATION, OR REMOVAL Place Years and Date Will 23, 1931  19. UNDERTAKER Charactery's burg (Address)  19. UNDERTAKER Charactery's burg (Signed)	E LA PINTURI ACE (TALLA ) (TYP)	- 11	Name of operation
15. MAIDEN NAME, YQ; A TeQY'S.  16. BIRTHPLACE (city or town)  (Stata or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Place  (Address)  19. UNDERTAKER  (Address)  (A	(Stata or country)	30.	
Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Address) Hayershoval  Place Yyers as the Ru Date Hull 23 , 1931  Menner of injury  Nature of Injury  24. Was disease or Injury in any wey related to occupation of deceased?  (Address)  15 to Syman (Address)  (Address)  (Address)  (Signed)  (Signed)	IS. MAIDEN NAMED . VO : C.	Kenris.	
Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) Hayers as the Run Date Hull 23 , 1931  Menner of injury  Nature of Injury  19. UNDERTAKER Run Cost Stract  (Address) Hayers as the Run Date Hull 23 , 1931  19. UNDERTAKER Run Cost Stract  (Address) Hayers as the Run Date Hull 23 , 1931  (Address) Hayers as the Run Date Hull 23 , 1931  (Address) Hayers as the Run Date Hull 23 , 1931  (Signed) Menner of Injury In any wey related to occupation of deceased?  (Signed) Menner of Injury In any wey related to occupation of deceased?  (Signed) Menner of Injury In any wey related to occupation of deceased?  (Signed) Menner of Injury In any wey related to occupation of deceased?  (Signed) Menner of Injury In any wey related to occupation of deceased?  (Signed) Menner of Injury In any wey related to occupation of deceased?  (Signed) Menner of Injury In any wey related to occupation of deceased?  (Signed) Menner of Injury In any wey related to occupation of deceased?  (Signed) Menner of Injury In any wey related to occupation of deceased?	- Cha	0 7.1	
(Specify city or town, county and State)  17. INFORMANT CAY AS E HOUS.  (Address) HOUSTRY, In HOME, or In PUBLIC PLACE.  18. BURIAL, CREMATION, OR REMOVAL Place Y sence as the Rus Date HOUS 3, 1931  19. UNDERTAKER O - COSS man (Address)  19. UNDERTAKER	E (Stata or country)	Por pray	
(Address) Hayerstory Male Menner of injury  Place Ysenc as the Rus Date Mul 23 , 1931 Nature of Injury  19. UNDERTAKER Gold Caste Rus Date Mul 23 , 1931 (Address)  19. UNDERTAKER Gold Caste Rus Date Mul 23 , 1931 (Signed)  20. FILED Color 23 , 1937 Male Male Society  (Signed) Menner of injury Menner of injury In any wey related to occupation of deceased?  (Signed) Menner of injury Menner of injury In any wey related to occupation of deceased?  (Signed) Menner of injury Menner of injury In any wey related to occupation of deceased?  (Signed) Menner of injury Men	Charles E	1	(Specify city or town, county and State)
18. BURIAL, CREMATION, OR REMOVAL Place Y 2 enc as the Ra Date 100 23 , 1931  19. UNDERTAKER O - 1 Co SS man 24. Was disease or Injury In any wey related to occupation of deceased?  24. Was disease or Injury In any wey related to occupation of deceased?  25. FILED O 23 , 1937			Specify whether injury occurred in INDUSTRY, in HUME, or in PUBLIC PLACE.
Place Y sence as the Res. Date 100 23 1931 Nature of Injury.  19. UNDERTAKER D - V Co SS man.  (Address)  19. UNDERTAKER D - V Co SS man.  20. FILED 0 23 1937 May 17 2000 2 1 (Signed).  (Signed)  Memmer of Injury.  Nature of Injury.  24. Was disease or Injury In any wey related to occupation of deceased?  (Signed)  (Signed)		wha.	Manage of Intern
19. UNDERTAKER () - COSS man 24. Was disease or Injury In any wey related to occupation of deceased? No (Address) Garage Stown. 44. (Signed) Albert Mello Me	( 1, 2	Date MUU 23	.37
(Address) Hagers town. W. If so, specify  20. FILED 0 23 1937 Charff Local 2 (Signed) A Rhost Hills  M	0 15 0 00		1/2
20. FILED 0 - 23 1937 Charff Bock 2) (Signed) A Khirl Gills M	19. UNDERTAKER	mark	1:0
20. FILED O	(Mudress)	stown, wo	A A CONTRACTOR
Registrar. (Address)	20. FILED 0 - 2 3 , 193 / 401	ass/120ce	1154 1- 5

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, inechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis 411	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastro-Ateritis	1 year
*		*	- gear

ż

# STATE OF MARYLAND—CERTIFICATE OF DEATH

6941

1. PLACE OF DEATH	
County Was langton	Registration Dist. No. 307
Village or City Brownsville	NoSt.,Ward
P.,	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME (1) Obran Solomon Ho	Lines IE II S. Voloron smarky WAR
	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 2 193 /
5a. If merried, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of The S. D. 1 -11 31 1	22. / I HEREBY CERTIFY. (hal I attended deceased from
Mary Chyalette Holmes	Hull 26, 1937, 10 sture 25, 19.3/
6. DATE OF BIRTH (month, dey, and yeer) april, 3, 1852	I lest/saw h. Letter alive on Alive for 193 deeth is said
7. AGE Years Months Days If LESS than 1 dey,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and releted causes of importance
SS 2 20 ormin.	were as follows: Dats of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business In which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked at this occupation (month and	Quetral New verlage Jug 2578
SAW MILL, BANK, etc	
this occupation (month and year)	
12	Other Contributary Causes of importance:
(State or country)	A Dane la Phaller who de se
13. NAME 5 annel Holmes.	Hele leutique
13. NAME Samuel Holmes.  14. BIRTHPLACE (city or town). 13. nounualle	Neme of operation
(State of country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Onnie Long.  16. BIRTHPLACE (city or town) Longton	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town).  (State or country)	Accident, suicide, or homicide?
(Grade of Country)	Where did Injury occur?(Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury
Place Droad Run Date July . 1 1937	Neture of injury
19. UNDERTAKER UTICH Bast 95 mg	24. Was disease or miury in any way related to occupation of deceased?
(Address) Boules Mr.	If so, specify I leller freguetal
20. FILED June 30 1937 Cornelius A. Castle	(Signed) M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none. the meaning of

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9 The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative." etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death, As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis ( )	3 days ago
Il willer it		Antonio con	
		0	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis'	1 year

WRITE PL

V. S. No. 1 B

1. PLACE OF DEATH	98-0
County Washington:	Registration Dist. No. 305
Village or City Clendandulle to	land Bounstone) st., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
	24 14
2. FULL NAME May malinda Eliza	Throught U.S. Veteran, specify WAR
(a) Residence: No. Q Very Canad Table V M (Usual place of abode)	d. St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Yest)
5a. If married, widowed, or divorced	
(or) WIFE of Clerical Hould	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	(lost saw her alive on June & 4 1937 : death is said
7. AGE Years Month Days If LESS than	to have occurred on the data stated abova, at 2 Am.
82 0 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance
8 Trade profession or particular	were es follows: Data of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Date decaased last worked at the occuration (month and	Chronic Myorardelis. 1933
SAW MILL, BANK, etc	
this occupation (month end year)	
m'1111	Other Contributory Cases of importance:
12. BIRTHPLACE (city or town)	
Ŧ.	Many of a search of
14. BIRTHPLACE (city or town)	Name of operation
E 15. MAIDEN NAME Sugarmal Mans	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Susanual Man.  16. BIRTHPLACE (city or town) Maddlatoura	Accident, sulcide, or homicide?
Stata or country) Fuel. Co. md-	Where did Injury occur?
17, INFORMANT Mrs. Wilbert Smith	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) B vary and R.	
18. BURIAL CREMATION, OR REMOVAL	Menner of Injury
Place Maddlebur Md: Data June 27., 19.27	- Nature of Injury
19. UNDERTAKER ( U.E) - Day (45 og	24. Was disease or injury in any way related to occupation of dacaasad?
(Address) Downston Md.	If so, specify
20. FILED June , 27, 19 37 (b. lian ) - Back	(Signed) V, Wi War M. D.
Registrat	(Address) Donalvio.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal eause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsu 1915 1 week ago Chronic interstitial nephritis Rumover by street car 1921 1 wcek ago Peritonitis Julu 5.1927 Cerebral hemorrhage 3 days ago Other contributory causes of importance: Other contributory causes of importance: Edstroenteritis Gallstones May 1,1928 1 year

V. S. No. 1

1.	PLACE O	F DEATH			
	County	Washington	Co.		Registration Dist. No. 302
	Village or (	city Hagers	own, N	d.	Nollary CO. Droch St., 3 Wa
	Length of res	idence In city or town where	death occurred		death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos
2	. FULL NA			uffer.	
	(a) Resider	**	Securit	v. Md.	St., Ward.
			(Usual place	of abode)	If nonresident give city or town and State
_		NAL AND STATIST			MEDICAL CERTIFICATE OF DEATH
<b>3.</b> S	Male	4. COLOR OR RACE White	OR DIVORCE	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH  June 20 , 193 7 (Month) (Day) (Year)
5a.	If married, widow HUSBAND of	wed, or divorced			
1	(or) WIFE of				22. I HEREBY CERTIFY, That I attended deceased from June 20 19 37 to June 20 19 3
6. D	ATE OF BIRTH	(month, day, and year)	June 20.	1937	I last saw h i mxallweeth 3:00 A • 1937; death is se
7. A			Days	If LESS than	to have occurred on the date stated abova, at3Am.
	(	0	0	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
z	8. Trade, profe	ssion, or particular	200		Data of ons
읩		work dona, as SPINNER, R, BOOKKEEPER, etc	None		Stillborn 2 months
UPA	work wa	business in which as dona, as StLK MILL, LL, BANK, etc			gestation.
OCCUPATION	10. Date deceas	sed last worked at apartion (month and	11. Total	time (years) ent in this	
	yaar)			upation	
12.	BIRTHPLACE (ci	ity or town) Washin	gton Co.	Hospital	Other Contributory Causes of importance:
-	(State or cou		^		
HER	13. NAME	Ignatz Pau	1 Huffer		
FATH		E (city or town)Ba.	th, Pei	ma.	Name of operation
		r country)			What test confirmed diagnosis? Was there an autopsyr.
MOTHER	15. MAIDEN NA				23. If death was due to external causes (VIDLENCE) fill in also the following:
MO		E (city or town)Hag r country)	erstown.	Md.	Accident, suicide, or homicide? Date of Injury
	(Stata of	Mrs. Igna	+- U	22	Where did injury occur? (Specify city or town, county and State)
17. 1	(Address)	#109 Secu			Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.1		TION, OR REMOVAL			Manner of Injury
	Place	Security, M	d Date J1	ine 29, 37	Nature of Injury
19	UNDERTAKER	Washurle	n6.7	tochelly	24. Was disease or Injury In any way related to occupation of deceased?
	(Address)	age	utou	us mix	If so, specify
20, 1	FILED 6-	24-1937 de	half.	Bower	(Signed) . Toursepolit M.
				Registrar.	(Address) Hagerstown, Md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	of the state of th	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state AD. Every item of infor-Exact statement of OCCUPA. PHYSICIANS stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. LY,

N. B.—WRITE PL. V. S. No. 1

			F MAR'	YLAND-	CERTIFICATE OF DEATH	944
	1. PLACE OF DEAT				<u> </u>	97
	County Washi Village or City	ngton Co	ALIMITE OF	7	No. Ward & Registration Dist. No.	2
				(1)	death occurred in a hospital or institution, give its NAME instead of street and	
	Length of residence in cit	y or town where dea	th occurred	yrs,mos	ds. How long in U.S. if of foreign birth?yrsm	osds.
:	2. FULL NAME	10		Huffer.	•	
	(a) Residence: No.	#109 9	CUsual place	y Md of abode)	St, Ward.  If nonresident give city or town and	State
	PERSONAL AN	D STATISTIC	AL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.		n or race s		RIED, WIDOWED, O (write tha word)	21. DATE OF DEATH  June 20 (Day)	, 1937
5a.	. If married, widowed, or divor			5=0		(Yaar)
	HUSBAND of (or) WIFE of				22. I HEREBY CERTIFY, That I attended June 20 19 37 to June 20	deceased from
6.	DATE OF BIRTH (month, day	and year) Ju	ine 20.	1937.	last saw h im www June 20 19 3	; death is said
7.	AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at3Am.	
	0	0	0	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, None					
	SAWYER, BOOKKEE 9. Industry or business in work was done, as S SAW MILL, BANK, e	PER, etc which	Mone	••••	Stillborn 2 months gestation	
1000	10. Date deceased last wor this occupation (mor	ked at oth and	11. Total tip	me (years) tin this pation		
12.	. BIRTHPLACE (city or town). (State or country)				Other Coutributory Causes of Importance:	
R	1	z Paul H	uffer			
FATHER	14. BIRTHPLACE (city or to	Doth			Name of operation	
FA	(State or country)	w(I)		2-2	What test confirmed diagnosis? Was there an a	37 -
ER	15. MAIDEN NAME C	atherine	Snyder	2	23. If daath was due to external causes (VIOLENCE) fill in also tha following	
MOTHER	16. BIRTHPLACE (city or too (State or country)	Mager	stown,	Md.	Accident, suicide, or homicida? Date of Injury  Where did injury occur?	
17.		Ignatz. 9 Šecuri			(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACE.
18.	BURIAL, CREMATION, OR R	EMOVAL			Manner of injury	
	Place Secu:	rity.Md.	Date Jur	1e. 201937	Nature of Injury.	
19	. UNDERTAKER	kinglen	offor	Efula,	24. Was disease or injury in any way related to occupation of deceased?	
20.	FILED 6-24-,1	,37 Bh	astro	Jowers	(Signed) Magerstown Md.	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	A PARTIE AND A PAR	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

-WRITE PLA

ż

V. S. No. 1

		MUZICI	LAND	CERTIFICATE OF DEATH 694
1. PLACE OF DEA				950
				Registration Dist. No. QQQ
Village or CityN	ty or town whara daa	pring.,.l	/Id	No. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs. mos. ds
2. FULL NAME	Calvin J.	Hull		If U. S. Veteran, specify WAR
(a) Residence: No(				St., Ward.
Contract of the second		The second second		If nonresident give city or town and State
PERSONAL AN		AL PARTIC		MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
Male W	nite	OR DIVORCED	(write the word)	June 28, 193 7 (Month) (Day) (Year)
5a. If married, widowed, or divo HUSBAND of (or) WIFE of Mi	nnie M. Hü	11		22.   I HEREBY CERTIFY, That I attended decaasad fro
6. DATE OF BIRTH (month, da	, and year) Let	1.8.18	69	i last saw h some elive on sunce 27, 1937; daath is sel
7. AGE Years	Months	Days '	If LESS than	to have occurred on the date stated above, at 10:30Pm.
67	5	20	ormin.	were as follows:
8. Trada, profassion, or pa	articular as SPINNER, PER, etc	21		Chronic Myo cardilis fan
9. Industry or business in	which	armer		
work was done, as SAW MILL, BANK,				
O 10. Date deceased last wor this occupetion (mo	nth end		in this ation	
				Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town) (State or country)		on Gount	y	None known
13. NAME George				T
14. BIRTHPLACE (city or to		gton Cou	nty	Name of operation Arm Dete of
(State of Country)	Md			Whet test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME M	ary Keefer			23. If daath was due to extarnal causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME M			unty	Accident, suicide, or homicide? Date of Injury, 19
— (State of County)	Md.			Where did injury occur? (Specify city or town, county and State)
17. INFORMANTMrs.				Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Clear	REMOVAL MO	L. K. U. I.		Manner of Injury
Placa Blair s	Valley, Me	Date July	1,19.37	Neture of injury
19. UNDERTAKER Surface (Addrass)	lu Rowl	and the	weather Will	24. Was diseese or injury in any way related to occupation of decaased?
20. FILED CILL 3.1	19. 3.7	with	Lucian	(Signad) Davy V. Gelwer M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU	1	rt e	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

## STATE OF MARYLAND—CERTIFICATE OF DEATH

	-	
6	54	6
U	34	

1. PLACE OF	DEATH			17		
County	Washington	n		Regis	stration Dist. No.	302
	ywit Hagersto		(If 7 yrs mos	No. 430 N. Prospe death occurred in a hospital or institution, give i ds. How long in U.S. if of foreign b	ct Streetst.,	Ward and number) ds.
	E Mary E.			If U. S. Veteran, specify \		
	: No. 430 N.		t Street	St., 5 Ward.	nresident give city or town	
PERSONA	L AND STATIST			MEDICAL CERTIFI		
	4. COLOR OR RACE White	5. SINGLE, MAR	RIED. WIDOWED.  O (rurice the word)	21. DATE OF DEATH Jun (Month)	ne 26,	, 193. <b>7</b>
5a. If married, widower HUSBAND of (or) WIFE of	d, or divorced  Martin	L. Husso	ng	22. I HEREBY CER		and the same
6. DATE OF BIRTt1 (m	onth day and year)	Feby. 21	. 1900	t last saw h alive on 6:2	/ 77	death is said
7. AGE Years		Deys 5	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated ebove, a The PRINCIPAL CAUSE OF DEATH and rela were as follows:	9:05A <sub>m</sub>	Data of onset
kind of wo SAWYER, if 9. Industry or bu work was SAW MILL 10. Date deceased this occupa	usiness In which done, as SILK MILL, , BANK, etc	spar	k me (years) nt in this pation	Encephaliti.	Lithergie	2 620n
(State or count	200.00			Other Contributory Causes of Importance:	de	1985
13. NAME Wa.	city or town)	neheste	v, Vas	Name of operationWhat test confirmed diagnosis?		
∑ (State or o	city or town)	gerataw Jussong	w, md	23. If death was due to external causes (VIOL Accident, suicide, or homicide?  Where did injury occur?  (Speci Specify whether injury occurred in INDUST	ENCE) fill in also the folio	owing: , 19
18. BURIAL, CREMATIO	on, or REMOVAL		28 , , 1937	Manner of injury		
	Fred W. Kra		13	24. Was disease or injury in eny way related	to occupation of deceased	
20. FILED DA	0 ,197/	asti	Registrar,	(Signed) (Address)	11 11	nol M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

ż

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		An Oly Oliver	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		.4	

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed g ged in domestic service for wages, as Servant, Cook definite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons ployed. us At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Physician, Compositor, Architect, Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a yrs). Farm laborer, Laborer -- Coal mine, etc. Womwithout more precise specification as Day (b) For persons Automobile who have no occupation factory. The material single word or term on Locomolive (b) engineer, Grocery;

Strument of Cause of Death—Name, first, the DISEA. IN CHAING BEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilicria (avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"



"E:haustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (mercly symptom causing death), 29 ds.; Bronchopneumonia (secondary), stited unless important. use of "Tumor" for malignant neoplasms); Measles, inges, peruonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases can be ascertained as the cause. Always gulify all "Uraemia," "Weakness, (secondary Chronic interstitial nephritis, Whooping cough; unqualified, approved by Committee on Nomenclature of the (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi resulting from childbirth or miscarriage as or intercurrent) is indefinite); Tuberculosis of lungs, men-"Congenital," "Senile," etc.), "Drcpsy," "Heart failure," "Haemorrhage, Chronic valvular heart disease ," etc., when a definite disease Example: Measles (disease ," "Coma," "Convulsions, affection need not be etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING

STATE	OF	MARYI	AND-	CERTIFIC	ATE	OF	DEATH
SIAIL	UF	MARIL	AND	CERTIFIC	AIL	OF	DEALD

6948

Country X Q S 1. 10	1. PLACE OF DEATH	1124
Village or City 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	COUNTY Washington	Registration Diet No. 302
Length of residence in-giv or town where death occurred	·····································	
2. FULL NAME  (a) Residence; No. 110	(If	death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. H19 (Charla place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVOKED (write the word) OR DIVOKED (write the word) OR DIVOKED (write the word)  5. If married, widowed, or divorced (cr) Wile of (cr) Wile of  5. DATE OF BIRTH (month, day, and year)  7. AGE Veers Months  Days  If LESS than 1 day	12.11 17	
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINCLE MARRIED, WIDOWED  OR DIVORCED Curvic the word)  10. ON HIT of the state of		
3. SEX  4. COLOR OR RACE  9. SINGLE, MARRIED, WIDOWED  9. IN OUR COLOR OR RACE  9. IN HER EBY GERTIFY. That I attended deceased from  100 WHE of  100 WHE of or  100 WHE of  100 WHE of  100 WHE of or  100 WHE of  100 WHE of  100 WHE of or  100 WHE of  100 WHE		
Sa. If merried, widowed, or divorced HUSBAND.  Sa. If merried, widowed, or divorced HUSBAND.  B. DATE OF BIRTH (month, day, and year)  7. ACE  Yeers  Months  Days  If LESS than  19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sa. If merited, widowed, or divorced HUSBANO (or) WIFE of HUSBANO (or) WIFE of 19.  6. DATE OF BIRTH (month, day, and year) 17. ACE Yeers Months Days If LESS than 1 day,	OR DIVORCED (write the word)	June 16 193 ]
(or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Yeers  Months  Days  If LESS than  1 day,	5a. If merried, widowed, or divorced	
8. DATE OF BIRTH (month, day, and year)  7. AGE  Yeers  Months  Days  If LESS than 1 day, hrs. or min.  8. Trade, profession, or particular SAWFR, BOOKKEPER, etc. SAWFR, BOOKKEPER, etc. 10. Date deceased last worke at this occupation (month and year)  Year)  10. Date deceased last worke at this occupation (month and year)  Year)  11. BIRTHPLACE (city or town)  12. BIRTHPLACE (city or town)  13. NAME  14. BIRTHPLACE (city or town)  15. BIRTHPLACE (city or town)  16. BIRTHPLACE (city or town)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL PROSE TO GREWATION, OR REMOVAL PROSE TO GREWATION OR REMOVAL PROSE TO GR	(or) WIFE of	
7. AGE  Yeers  Months  Days  If LESS than  1 dayhrs. ormin.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as pllows: were as pllows: were as pllows: were as pllows: SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SPINMER. SAWYER, BOOKKEPER, etc.  10. Date deceased last worked at 10. State or country)  12. BIRTHPLACE (city or town). H and a spent in this occupation  Other Costributory Casses of importance:  What test confirmed diagnosis?  Was there an autopsy?  What lest confirmed diagnosis?  Was there an autopsy?  What lest confirmed diagnosis?  Johnson Date of What lest confirmed diagnosis?  Was there an autopsy?  What lest confirmed diagnosis?  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  And are to injury.  17. INFORMANT  Piece A Q CY S TOWN  Date of many occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL CERRATION, or REMOVAL  Piece A Q CY S TOWN  Or min.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as pllows:  Other Costributory Casses of importance:  Other Costributory Casses of importance:  What test confirmed diagnosis?  Was there an autopsy?  What lest confirmed diagnosis?  Was there an autopsy?  What lest confirmed diagnosis?  Was there an autopsy?  What lest confirmed diagnosis?  Accident, suicide, or homicide?  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  19. UNDERTAKER  19. UNDE	S DATE OF BIPTH (month day and worr)	I last saw h alive on 19 death is said
8. Trade, profession, or particular like of general services of the services o		7 30 7.
8. Trade, profession, or particular with the dot work does as SPINNER. No. 20 3. Industry or business in which work wes done as SPINNER. No. 20 10. Date decessed last worked at this occupation (month and occupation)  11. Total time (yeers) spent in this occupation (month and occupation)  12. BIRTHPLACE (city or town)		were as follows:
9. Judiustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lask worked at this occupation (month and year)  12. BIRTHPLACE (city or town). H. G. C. Y. S. D. C. S. D.	8. Trade, profession, or particular kind of work done as SPINNER	Intersusptions 6:16:37
Other Contributory Causes of importance:  12. BIRTHPLACE (city or town)	SAWYER, BOOKKEEPER, etc. 1.07 @	
Other Contributory Causes of importance:  12. BIRTHPLACE (city or town)	work wes done, as SILK MILL, SAW MILL, BANK, etc.	a come and a
12. BIRTHPLACE (city or town) # 49 CYS town  13. NAME		
(State or country)  13. NAME Caris H. Johnson  14. BIRTHPLACE (city or town) 1 a a cystown  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) 1 a a cystown  (State or country)  17. INFORMANT Lewis H. Johnson  (Address) 1 a a cystown  (Address) 2 a a cyst	12 BIRTHPI ACE (city or town) Han CV Stown	Other Contributory Causes of importance:
What test confirmed diagnosis? Law Was there an autopsy? It of the property of		1V-auce
What test confirmed diagnosis? Law Was there an autopsy? It of the property of	# 13. NAME Lewis A. Johnson	
What test confirmed diagnosis? Law Was there an autopsy? It of the property of	I 14. BIRTHPLACE (city or town) 12 a a ax stown	Name of operation Date of
Where did Injury occur?  (Specify city or town, county and State)  17. INFORMANT Lewis A. Juhnson (Address) Hagars to wan used  18. BURIAL, CREMATION, OR REMOVAL Plece Hagars to wan used  19. UNDERTAKER (Address) to a ger stown (Address) to a ger stown (Address) to a ger stown (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of Injury  24. Wes disease or injury In any wey related to occupation of deceased?  If so, specify (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (In the specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (In the specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Signature of Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Signature of Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Sig	(State of country)	What test confirmed diagnosis? Comment Was there an autopsy? IND
Where did Injury occur?  (Specify city or town, county and State)  17. INFORMANT Lewis A. Juhnson (Address) Hagars to wan used  18. BURIAL, CREMATION, OR REMOVAL Plece Hagars to wan used  19. UNDERTAKER (Address) to a ger stown (Address) to a ger stown (Address) to a ger stown (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of Injury  24. Wes disease or injury In any wey related to occupation of deceased?  If so, specify (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (In the specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (In the specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Signature of Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Signature of Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Sig	15. MAIDEN NAME 1) ayetta vamer	
17. INFORMANT Lewis A. Johnson Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) Hagry Stown Led  18. BURIAL, CREMATION, OR REMOVAL Plece Agry Stown Led Date Leves 17, 1937  19. UNDERTAKER A-V. Co Stoman Leves 17, 1937  19. UNDERTAKER Agry Stown Led Constant Leves 17, 1937  24. Wes disease or injury In any wey related to occupation of deceased?  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury Nature of Injury  19. UNDERTAKER Agry Stown Leves 17, 1937  (Address) Hagry Stown Leves 17, 1937  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Signature Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Signature Injury occurred in INDU	16. BIRTHPLACE (city or town) TO 9. CY STOWN	
18. BURIAL, CREMATION, OR REMOVAL  Plece + Q CY Stourn and Date June 17, 193)  19. UNDERTAKER  (Address) to Q cy Stourn and Date June 17, 193)  (Address) to Q cy Stourn and Date June 17, 193)  24. Wes disease or injury In any wey related to occupation of deceased?  (Signed) 1. Tooked Wells  Manner of injury  19. UNDERTAKER  (Signed) 1. Tooked Wells  M. D.	1 1 0	(Specify city or town, county and State)
Plece + 29 CY Stown and Date James 17, 193)  Nature of Injury  19. UNDERTAKER  (Address) to 20 Stoman  (Address) to 20 Stown and Stown a		Specify whether injury occurred in ANDOSTRI, in Home, of in Fodelo Flace.
19. UNDERTAKER A-IT Co 55 man 24. Wes disease or injury In any wey related to occupation of deceased?  24. Wes disease or injury In any wey related to occupation of deceased?  If so, specify for the specific of the specifi	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
(Address) that a ex stown. The lift so, specify (Signed) Villes Wells M. D.	blece to dix stons mode forms 1 1'10)	Nature of Injury
20. FILED 6 16- 19-7 Bhadfi Bows (Signed) V. Walls M. D.		24. Wes disease or injury In any wey related to occupation of deceased?
20, FILED	(Addiess) than ex stown.	1. Tale - S Wells
Kenstrat (AUDIES)	20. FILED 6 16-, 190 Registrar.	(Signed) (Address) //5 %, Patoman Hi

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	[6	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis R D	3 days ago
		July VAIL	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis BURE 1937	1 year
		.8.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Registring U. S. No. 1.

Date of onset

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Equipmentang		1 301 001	
Sille Control I		1937	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# PHYSICIANS should state AD. Every item of infor-Exact statement of OCCUPA. mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. LY, WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B. WRITE PL. mation should CAUSE OF DI

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(13)
county VVashington	Registration Dist. No.
Village or City Becurlity	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred in a hospital of institution, give is 144/1/12 instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Hamner C. Keller	If U. S. Veteran, specify WAR
(a) Residence: No. Security	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 53. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of (or) WIFE of Hice.	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Feby 8 - 186 7  7. AGE Years Months Days If LESS than 1 day,hrs. orhrs.	to have occurred on the date stated above, at
Roll Reprofession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL. No. A mexcleur. Corp.  10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this year)  12. BIRTHPLACE (city or town)  12. BIRTHPLACE (city or town)  13. Total time (years) and year)	Other Contributory Causes of importance:
(State or country)  13. NAME JS Q Q C Reller  14. BIRTHPLACE (city or town) Mt ddle town.  (State or country)  M d.	Name of operation Date of
15. MAIDEN NAME (utherine Biser) 16. BIRTHPLACE (city or town) Middletown (State or country)  17. INFORMANT MYS Alice Keller (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL  Place Hagerstown ald Date use 27, 1937.  19. UNDERTAKER Hagerstown and Address) Hagerstown and	Manner of injury
20. FILED = 26-,1937 6/101/1/30001	(Signed) — I Complete of M. D. (Address) — He and I was the many that th

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

ti i	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
	1915 1921 July5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis  Other contributory causes of importance:

N. B.-WRITE PL.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

		1		3-	1	
	-	U	1	1	. 2	
- 1	-3		30	p 3	7 1	

1. PLACE OF DEA	TH		(P)			
County	Washingt	on	Registration Dist. No. 302			
Village or City H	agerstow	n (le	No. Washington County Hospisal Ward (death occurred in a hospital or institution, give its NAME instead of street and number)			
Length of residence in c	ity or town where dea	ath occurredyrsmos	30 ds. How long in U.S. if of foreign birth?mosds.			
2. FULL NAME	Joann :	Keys	If U. S. Veteran, specify WAR			
(a) Residence: No	42 Blo	oms Avenue (Usual place of abode)	St., Ward.  If nonresident give city or town and Stale			
PERSONAL AN	D STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
	Colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH  June 21, (Pay) (Year)			
5a. If married, widowad, or div HUSBAND of (or) WIFE of	orcad		22. I HEREBY CERTIFY. That I attanded dacaasad from 1932, to June 20, 1932			
6. DATE OF BIRTH (month, da	v and vaar) Ma	ay 22, 1937.	I last saw h. 22 aliva on Jone 20 1937; daath is said			
7. AGE Years	Months O	Days If LESS than 1 day,hrs.	to have occurred on the date state above, at 12:154.  The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:  Onte of onset			
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			Cardiac Secongeniation June 191			
this occupation (moyear)		spent in this occupation	Othar Contributory Causes of Importance:  Congenital / Kart Klesease Birth			
	Md. k Keys					
14. BIRTHPLACE (city or t (Stata or country)			Name of operation Oate of What test confirmed diagnosis? Classe al. Was there an au opsy? My			
15. MAIDEN NAME	Mary Sni	vely	23. If daath was due to external causes (VIOLENCE) fill in also tha following:			
16. BIRTHPLACE (city or t		r Creek,	Accident, suicide, or homicide?			
17. INFORMANT Mrs (Address) Hag	. Mary Kerstown.		(Specify city or town, county and Stale) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE,			
18. BURIAL, CREMATION, OR	REMOVAL	.0ate June 22, 19 37	Manner of Injury			
	ed W. Kra	aiss,	24. Was disaase or injury In any way related to occupation of dacaased? 24. If so, spacify			
20. FILED 6 - 22.	- ///		(Signad) 2 3 M. D.  (Ardress) 2 f a gerslowe:			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important disease injuries. Tramples:

Example I	ĺį.	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes Date of onset of importance were as follows:			
Arteriosclerosis	1915	Attack of epilepsy 1 week ago			
Chronic interstitial nephritis	1921	Run over by street car 1 week ago			
Cerebral hemorrhage	July 5,1927	Peritonitis VIII 3 days ago			
		(BURD 6 10)			
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis 1 year			

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
------------	-------	-----	---------	------------	---------------	-----------

STATE OF	MARYLAND-	CERTIFICATE	OF	DEATH

6952

1. PLACE OF DEATH	<u> </u>
County Y & Shinater	Registration Dist, No. 302
Village or City Mage XS Four	No. 658 Jenna Ave St., 5 Ward If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	ds. How long in U.S. if of foreign birth?dsds.
2. FULL NAMES +: 11 Born Child I Calvin	Ning If U. S. Veteran, specify WAR
(a) Residence: No. 058 Section (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22.   I HEREBY CERTIFM That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 3191 29-1937	1) ast saw h
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  Date of onset
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	p p
9 Industry or business in which work was done, as SILK MILL.	Still Down 140
SAW MILL, BANK, atc	
12. BIRTHPLACE (city or town) Hage xs. tgum	Other Contributory Causes of Importance:
# 13. NAME Calvin King	
13. NAME (alvin King)  14. BIRTHPLACE (city or town) + QQ ex Stown (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
# 15. MAIDEN NAME atherine Harman	23. If death was dua to external causes (VIOLENCE) fill in also tha following:
15. MAIDEN NAME atterine tarmou  16. BIRTHPLACE (cily or town) tagers town  (State or country)	Accident, suicide, or homicide?
17. INFORMANT Sarah Foxunth	Whera did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place 110 a C YS TO un lu Date 140 30 1937	Manner of injury
19. UNDERTAKER D. K. Co SSmale	Nature of injury 24. Was disease or injury in any way related to occupation of decaased?
(Address) Hager Stown. We	If so, specify 7 / Classification (Signed) 11 / Classification M.D.
20. FILED 6 - 67-, 1931 MATT 63-00-00	(Address) Det A e & A lesson Tu.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		A SUL	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH state infor-1. PLACE OF DEATH OCCI pluods County Registration Dist. No. nospital or institution, give its NAME incead of street and number) of (If death occurred in a Langth of residence in city How long In U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_ statement PHYSICIAN S. Veteran, specify WAR. Ward. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (wrighthe word) PERMANENT 193 (Month) (Day) (Year) 5a. If married, widowed, or divorcad HUSBAND of 22. EREBY CERTIFY, Thet I attended deceased from (or) WIFE of ... 19.3.7. to × E certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Months Days stated 1 day ..... The PRINCIPAL CAUSE OF DEATH and related causes of importance or\_\_\_\_min. were as follows Date of onset 8. Trade, profession, or particular kind of work dona, as SPINNER, SIHL OCCUPATION of SAWYER, BOOKKEEPER, etc ..... may back 9. Industry or business in which work was dona, as SILK MILL, Inous SAW MILL, BANK, etc ..... 10. Data deceasad last worked at on 11. Total time (years) this occupation (month and spent in this that year) \_\_\_\_\_ occupation \_\_ instructions Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) - i trobable due to (Stata or country supplied terms, don tracellus FATHER 13. NAME See 14. BIRTHPLACE (city or town) Nama of operation ... lain (State or country carefully What test confirmed diagnosis?\_ ----- Was there an autopsy?\_\_\_ d MOTHER important. 15. MAIDEN NAME 23. If death was due to externel causes (VIOLENCE) fill in also the following: .5 DEATH Accident, suicide, or homicide?\_\_\_\_\_\_ Data of injury\_\_\_\_\_\_ 19\_ 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur?\_\_\_. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 17. INFORMANT plnods (Address) OF 18. BURIAL, CREMATION, OR WRITE Manner of injury CAUSE mation LION Nature of injury\_. 24. Was disease or injury In any way related to occupation of deceased?\_. 19. UNDERTAKER (Address) If so, specify Registrar. (Address) \_\_

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		1 Chr.	
Other contributory causes of importance:		Other contributory causes of importance:	1
Gallstones	May 1,1923	Gastroenteritis	1 year
		0 0	
		0./	1

N. B.-WRITE

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6954
1. PLACE OF DEATH	920
county Ylashington	Registration Dist. Np. 305
Village or City Zittlestown	No. St Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?
2. FULL NAME Wm. Henry Kline	0 11/2 101.
(a) Residence: No. 21t/lestown	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Normalize S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed	21. DATE OF DEATH  (Month) (Dev) (Year)
5a. If married, widowed, or divorced HUSBAND of	V
(or) WIFE of Lucinda (. Kline	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) April 15. 1845	Hast saw h he elive on facus 150, 1937; deeth is seld
7. AGE Yeers Months Deys If LESS then	to have occurred on the dete steted above, et. 3.770m.
92 2 / 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as joy ws:
Irede, profession, or particular kind of work done, es SPINNER, SAWYER BOOKKEPER etc.	Langrene (mich) Bate of onset
9. Industry or business In which work wes done, es SILK MILL.	
work wes done, es SILK MILL, SAW MILL, BANK, etc.  10. Date decessed last worked at this occupetion (month and specific file).	
10. Date decessed last worked at this occupetion (month and yeer)	
2. BIRTHPLACE (city or town) Frederick Counter	Other Contributory Canoes of importance:
(State or country)	Perel Telesopher of 310/2
13. NAME Daniel Kline	74 1776
14. BIRTHPLACE (city or town) - Frederick County	Name of operation Dete of
(State or country) Md.	What test confirmed diegnosis? Wes there en autopsy?
15. MAIDEN NAME Unknown	23. If death was due to externel ceuses (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town) Islander County (Stete or country)	Accident, suicide, or homicide?
A D L KI.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Calvin / (Ine	Specify whether injury occurred in INDÚSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece Luth, Cens Mi Dete 6/20,1937	Nature of injury
19. UNDERTAKER Gladfill Co.	24. Wes disease or injury in any way related to occupation of deceased? ??
(Address) M, ddletom NId	If so, specify
20. FILED June 19. 1937 (Williams). Back	(Signed) A Called M. D. M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	H	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of emiepsy	1 week ago
Chronic interstitial nephritis	1921	Run oper by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		Br 2 1937	3
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

4 4 -	STATE OF MARYLAND—	CERTIFICATE OF DEATH 6955
infor- state UPA-	1. PLACE OF DEATH	(98-04)
M P P D	county Vash, natur	Registration Dish No. 30 2
item of should of OCC	Village or City + a geystown	No. 2 1 E 1 Ward death occurred in a hospital or institution, are its NAME instead of street and number)
200 +		ds," How long in U.S. if of foreign birth?yrsmosds.
Every SIANS ement	2. FULL NAME naves Knight	If U. S. Veteran, specify WAR
D. Every YSICIAN statement	(a) Residence: No. 121 Elisabett	St., Z Ward.
	(Usurplace of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
LEXact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	Mule white Marreed (write the word)	(Month) (Day) (Year)
IDING MANEN ACTL assified.	5a. If married, widowed, or divorced HUSBANO of	22. A HEREBY CERTIFY. That Lettended deseased from
O 4 1 88	(or) WIFE of Jemima.	6-1-3/,19 to 6-2-3/,19
BINI PERM. EXA y clas	6. DATE OF BIRTH (month, day, end year) 7 18 5	I last sew here elive on 6-8-3, 19; death is said
	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
FOR IS A I stated proper!	80   1   ormin,	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
- 00	8. Vade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Parlant E. belians 1-7.7
RESERVED G INK—THII GE should be that it may be	9. Industry or business in which	Luciona Contractor Contractor
SERV INK—T should it may on back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
RESE NG INI AGE sh that it ons on	this occupation (month and year) spent in this occupation 3044	
ZATO	12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
ARGIN UNFADI upplied. terms, so	(State or country)	Praccosult 1836
4: L 0	13. NAME Charles Knight.	
See See	14. BIRTHPLACE (city or town). Luvay (State or country)	Name of operation Oate of
	15 MAIDEN NAME VID ROCCO	What test confirmed diagnosis? Was there an aulopsy?  23. If death was due to external causes (VIOLENCE) fill In also the following:
	16. BIRTHPLACE (city or town).	Accident, suicide, or homicide? Oate of Injury 19
LY, de cay DEATH	(State or country)	Where did injury occur?
	17. INFORMANT X V. FT Smeadley (Address) FO CA R.V. S. FORLING SHEET	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
	18. BURIAL CREMATION, OR REMOVAL	Manner of injury
	Place way a Oate well, 1921	Nature of injury
HOBIT	19. UNOERTAKER H.K. COFI. Man	24. Wes disease or injury In eny way related to occupation of deceesed?
S. No.	6-10-37 Charther what	If so, specify (Signed) M. D.
ò z	20. FILED, 14 Registrar.	(Address) / Appendix / Mac
M W MILLE	If more blanks are needed address State Penistran	24. N. Charles Street Relimon Parallela 91 S. No -

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of dcath.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		Town TENT	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		. 8.1	4

MARGIN RESERVED FOR BINDING

	CERTIFICATE OF DEATH 6956
1. PLACE OF DEATH	(159)
county Washington	Registration Dist. No. 30 2
Village or City	Now and Cu House tal St., 3 Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAMESTIN Bon Chilof Thos	Smode_ If U. S. Veteran, specify WAR
(a) Residence: ND. 36 Madi Sun 1712 (Usuai place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY That I attended deceased from
	19.51, to 0 to 19.51
6. DATE OF BIRTH (month, day, and year)	I last saw has elive on
7. AGE Years Months Deys If LESS than I dayhrs.	to heve occurred on the date stated above, et
ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Trede, profession, or particular	Premature what
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at 11. Total time (yeers)	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
SAW MILL, BANK, etc	
O 10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Hagey Stourn (State or country)	Other Coatributory Causes of importance:
13. NAME Thomas Knode  14. BIRTHPLACE (city or town) 12 4 2x stown	
14. BIRTHPLACE (city or town) HQ Q Q X Stown	Name of operation Date of
(State of country)	What test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME Y CALL C. H. L.	23. If death wes due to externel ceuses (VIOL ENCE) fill in also the following:
Stete or country)	Accident, suicide, or homloide? Date of injury, 19  Where did injury occur?
17. INFORMANT I homas Ruo de (Address) Hagerston Tud	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL  PIECE 1 Q CYSTOWN Jud Date 144 15 1937	Menner of injury
19. UNDERTAKER AND COSS. May (Address) Hagers by un und	24. Was disease or injury in eny way releted to occupetion of deceased?  If so, specify A
20. FILED 6-15-, 1927 Chastlove vs Registrar.	(Signed) M.D.  (Address) 13 & W. Washington &
If more blanks are needed, address State Registrar	2411 N. Charles Street Baltimore Requestion 71 S No .

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	,	WE 8 1000	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis AUV	1 year
		0.1	

ADDITIONAL SPACE FOR	FURTHER	<b>STATEMENTS</b>	BY	PHYSICIAN
----------------------	---------	-------------------	----	-----------

V. S. No. 1 N. B.—

# STATE OF MARYLAND-CERTIFICATE OF DEATH

6957

1. PLACE OF DEATH	[22-E) 307
Village or City Lagerstone - Wash.	Colo. Hospital Registration Dist. No.
Langth of rasidenca in city or town where death occurredyrsmos	f death occurred in a hoppital or institution, give its NAME instead of street and number)  ./2. / Low long in U.S. if of foreign birth?
2. FULL NAME David alexander L	indsay Pas Veteran, specify WAR
(a) Residence: No. Hagestine Md. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBANO of	(Month) (Day) (Yaar)
(or) WIFE of Single	1 HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) Thank 5 1927	1 Just saw h. Line alive on Jeff 16, 1937; death is said
7. AGE Yeers Months Days If LESS than	to have occurred on the date states above, at
15 / 7   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cicute intesterial
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked at this excusation (wear) and the same in which the same in the	Retuction
10. Date deceased lest worked at this occupation (month and year)	Fremary cause of the intestinal obstruction.
12. BIRTHPLACE (city or town) Hagustone (Stete or country)	Other Contributory Causes of importance: fecal impaction, curses.  Not due to concern . Buration: 3 or 4 days
13. NAME David a findage  14. BIRTHPLACE (city or town) Usarro  (State or country) (17 mala Co. 7 md.	Name of operation.
	Whet test confirmed diagnosis?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  The last many many that many th	Accident, suicide, or homicide?
(State of County)	Where did Injury occur?
(Address) Hagerstone Md839, Frd. Rd	
18. BURIAL, CREMATION OR REMOVAL	Manner of Injury
Place Latinolino Mai Date June 14:, 1937	Nature of Injury
19. UNDERTAKER Destroy	24. Was disease or injury in any way elated o occupation of deceased?
(Address) Boundary Mg.	If so, specify
20. FILED 6 1 4 , 19 1 Month owers	(Signed) (Address) (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Run over by street a Chronic interstitial nephritis 1921 1 week ago Peritonitis Cerebral hemorrhage Julu5.1927 3 days ago Other contributory causes of importance Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FU	RTHER STATEMENTS	BY	PHYSICIAN
-------------------------	------------------	----	-----------

BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example	I		1		Example II	
The principal cause of death and of importance were as follows:  Arteriosclerosis	CEIVI	Date of	fionset	The principal cause of importance were a Attack of epilepsy	of death and related causes s follows:	Date of onset
Chronic interstitial nephritis	121 - 81 - 200	18	921	Run over by street car		1 week ago
Cerebral hemorrhage	<del>91 7 193</del> ,	July	1927	Peritonitis	4	3 days ago
1503	PEAU V.				<	
Other contributory causes of impo	ortance:		الما	Other contributory ca	uses of importance:	
Gallstones		May	1,1923	Gastroenteritis		1 year

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		Rr.   1997	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURT	HER STATEMENTS BY PHYSICI.	AN
---------------------------	----------------------------	----

1 2 1	STATE OF MARYLAND	CERTIFICATE OF DEATH 6960
infor- state UPA-	1. PLACE OF DEATH	(59) 2
7) [	County Masheuglous	Registration Dist. No. 04
item of should of OCC	Village or City Paules Colo (If	No. St., Waldesh declured in a hospital or institution, give its NAME instead of street and number)
t S	Length of residence in city or town where death occurred	How long in U.S. if of foreign birth?yrsmos
Every CIANS ement	2. FULL NAME AMES Williams	////// U.S. Veteran, specify WAR
CORD. Ever PHYSICIAN ct statemer	(a) Residence: No. // // (Usual place of abode)	St., Ward.  If nonresident give city or town and State
E E SO	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RECC Y. PI Exact	3. SEX  4. COLOR OF RACE  5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (purile the word)	21. DATE OF DEATH 27
NENT C T L )	5a. If married, widowed for divorced	(Month) (Day) (Year)
BINDING FERMANE: EXACT: y classified te.	(or) WIFE of Southand Mason	22. I HEREBY CERT I FY. That I attended deceased from 1937 to will 2 7 193
EXE E	6. DATE OF BIRTH (month, day, and year)	Hast law h is alive on Might 37, 1937, death is sa
	7. AGE Years Months Days If LESS than	to bave occurred on the date stated above, atm.
FOR IS A I stated properly	63 8 /6 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
- 70	8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	A A
TED HIS	kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	Tout with hours of call
ERVI K—T hould may back	work was done, as SILK MILL, Alla Ed	yerevi av iació i ini y
Zaze		
RES VG I AGE that	year) 24 47 5 occupation occupation	Other Contributory Canses of Importance;
. 6	12. BIRTHPLACE (city or fown) (State or country)	
ARGIN JNFADI pplied. terms, so instruct		Atiantest Melital
MARG] UNFA supplied t terms,	E 1. 1/1/2	Name of Section 1
M. M. CH U y sul ain t	14. BIRTHPLACE (city or town) (State or country)	Name of operation
FEE.	# 15. MAIDEN NAME Thisa myers	23. If death was due to external causes (VIOL ENCE) fill In also the following:
Carefu W.Y. W	16. BIRTHPLACE (city or town) Mach & Trud	Accident, suicide, or homicide?Date of injury19
INLY, be cal EATH import	X (State or country)	Where did injury occur? (Specify city or town, county and State)
ABBA	17. INFORMANT Auchta & Masoy	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
balled are to the	18. BURIAL, OREMATION, OR REMOVAL	Manner of injury
VRITE Ation s AUSE ON is	Place fall Coch Sml Date (0 - 20 , 193	Nature of Injury.
WRIT mation CAUSI	19. UNDERTAKER I I Select Cuys	24. Was disease or Injury In any way related to occupation of deceased?
NA BE	(Address) Janes Co Mil	(Signed) X-M Lhulfle MM
» ×	20. FILED. 61-2, 192	(Address) Afancick mb.,
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	3	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 444 6 1936	1921	Run over by street car	1 week ago
Canahaal hamanahaaa	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.	71		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	xample I		Example II		
The principal cause of dea of importance were as follows:	th and related causes.	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	e 1937	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	white D	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V.	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

D. Every item of inforshould state of OCCUPA. stated EXACTLY. PHYSICIANS Exact statement A PERMANENT properly classified. TION is very important. See instructions on back of certificate. WITH UNFADING INK-THIS IS pe AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied.

FOR BINDING

MARGIN RESERVED

STATE OF MARYLAND-CERTIFICATE OF DEATH

County Washington	Registration Dist. No. 3 6	2.
AT THE CO. THE CO.	registration bist. No.	Il
Village or City Hageslavn	NoSt., If death occurred in a horpital or institution, give its NAME instead of street and t	Ward
	osds. How long In U.S. if of foraign birth?yrsme	
1 14 0- 7	110/	
2. FULL NAME Games Stanley	1 - 10 S. Veteran, specify WAR	
(a) Residence: No. 1 4 (Usual place of abode)	St., Ward.  If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	A
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
male white or Devorces (with the word)	JUNE FIRST (Month) (Day)	, 193
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended	deceased from
(or) WEE of fanny	NOVEMBER 17. 1934 to JUNE	1937
Not 24 185	3   last saw h 127   alive on MAY 3/ 1937	doub la said
6. DATE OF BIRTH (month, day, end year)  7. AGE Yeers Months Days If LESS than	to have occurred on the deta steted above, at Zils A.m.	, ucath is said
C 2 7 1 dey,hrs		
0 0         ormin,	were as follows:	Date of onset
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  SAWYER, BOOKKEEPER, etc.  Judget of business in which work wes dnna, as SILK MILL, SAW MILL, BANK, etc.  10. Date decaesad last worked at this occupation (month and spent in this securation).		
Industry or business in which work wes dona, as SILK MILL, Hardware Property	GEREBRAL APOPLEXY	MAY 2
SAW MILL, BANK, etc		1937
year) occupation	Other Contributory Causes of importence:	
12. BIRTHPLACE (city or town) Aageistoyen	**	
(State or country)	ARTERIOSCLEROSIS TA	1934
13. NAME Haves Blan MEKE	GHRONIC MYOGARDITIS	
14. BIRTHPLACE (city or town). Hageistown	Neme of operation NONE Dete of	<u>~</u>
(Stata or country)	What test confirmed diegnosis?GLINIGAL Wes there en	utopsy? No
15. MAIDEN NAME anna Mass Bouch	If deeth was due to externel causes (VIOLENCE) fill In elso the following	:
15. MAIDEN NAME Anna Mary Bouch 16. BIRTHPLACE (city or town).  16. BIRTHPLACE (city or town).  17. MAIDEN NAME Anna Mary Bouch 18. MAIDEN NAME Anna Mary Bouch 19. MAIDEN NAME ANNA MAIDEN NAME	Accident, sulcide, or homicida? Data of Injury	19
(Stata or country)	Where did injury occur?	
blace Tuskoe	(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	e)
17. INFORMANT (Address) Balling vid-		n ot.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury	
Place Acagerstown Date 9/3 193	7	
1 21. 0 7.28	Natura of injury.	A/a
19. UNDERTAKER 6. M. SUPERT FORS	24. Was disease or injury In any wey releted to accopetion of deceased?	NA
(Address) Augenstour, ma	If so, specify	
20, FILED 6 - 2 - 1937 bhast Howe	(Signad)	
Registrar.	(Address) HAGERSTOWN MO.	

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		(BOW)	-
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis BUREAU	1 year
		40	

ż

state

plnods

# STATE OF MARYLAND-CERTIFICATE OF DEATH

6963

1. PLACE OF		H ngton.			Registration Dist. No.	302
Village or C	City	Hager		. ()	No. 23 Garlinger Ave.	St., Ward
Length of resi		Bobby J			ds. How long In U.S. If of foreign birth?yrsIf U.S. Veteran, specify WAR	
		23 Garl:	inger A	Ve •	St., Ward.  If nonresident give city or t	
PERSON	IAL ANI	D STATISTI	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DE	ATH
PERSONAL AND STATISTICAL PARTICULARS  3. SEX Male  4. CDLOR OR RACE White  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single.			RRIED, WIDOWED, (write the word)	21. DATE OF DEATH June 2 (Month) (Day)	, 193.7 (Year)	
5a. If married, widow HUSBAND of (or) WIFE of	ved, or divor	ced			22.   HEREBY CERTIFY, That I	
6. DATE OF BIRTH	(month, day,	, and year)	Aug 2	9, 1936		19; death is said
7. AGE Yes	ars	Months 9	Deys 3	If LESS than 1 day,hrs.	to have occurred on the date steted above, atA • Mne. The PRINCIPAL CAUSE OF DEATH and related causes of importa	
8 Trade profession or particular				OfR(111,	were as follows:	Date of onset
9. Industry or work wa		which ILK MILL,			11/feasons	
- I III3 OCCU		ked at ith and	Sp3	time (years) ent in this cupation		
12. BIRTHPLACE (ci		Ha.g	restow	n.	Dther Contributory Causes of importance:	
2   13. NAME		am Mc N	110000	nsours 11.VI	- ando coración	4.302
14. BIRTHPLACE			lancock	,	Name of operation	Date of
(State of	r country)				What test confirmed diegnosis? Was t	there an autopsy?
15. MAIDEN NAME   Pauline Felds.				rings,	23. If death was due to external causes (VIDL ENCE) fill in also the  Accident, suicide, or homicide? Date of injury  Where did injury occur?	
					(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE,	
18. BURIAL, CREMATION, OR REMOVAL Rest Haven Date June 4 1937			Date Jur	ne 4 ,1937	Manner of Injury	
19. UNDERTAKER(Address)		d W. Kr gerstow			24. Was disease or injury In any way related to occupation of dece	ased?
20. FILED 6-0	t-,1	·376	hast	Registrar.	(Signed) OCHHOLL  (Address) Notes A	mal.o.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimo e Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	e de la companya de l	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		JUL 8 1022	
Other contributory causes of importance:		Other contributor causes of importance:	
Gallstones	May 1,1923	Gastroenteritis P. R.	1 year
<del></del>			

ADDITIONAL SPACE FOR FUI		
for authorization to change	place of berth	letter filed render
ma Manuel 7/17/37.		

BINDING

FOR

RESERVED

MARGIN

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of importance were a Arteriosclerosis	of death and related causes s follows:		The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nepl	ritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	AUG to 1937	July 5,1927	Peritonitis	3 days ago	
	BUREAU Y. S.				
Other contributory ca	auses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

Z

STATE (	OF MAR	YLAND—	CERTIFICATE OF DEATH 696:	)	
County Washington			93-c Registration Dist. No. 30/		
County washing ton			Registration Dist. No. 097		
Village of City IV ea.F. Will	lamsport	(II	death occurred in a hospital or institution, give its NAME instead of street and number)	Ward	
Length of residence in city or town where	deeth occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrsmos	ds.	
2. FULL NAME Martha B. (a) Residence: No. Near W			St., Ward.		
	(Usual place	of abode)	If nonresident give city or town and State		
PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH		
3. SEX Femal & color or RACE White	5. SINGLE, MAR OR DIVORCEI Marile	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  June 27 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (1937 (19	r)	
5a. If merried, widowed, or divorced HUSBAND-of- (or) WIFE of Joseph 6	Moats		22. I HEREBY CERTIFY, Thet I attended deceased June 27, 197		
6. DATE OF BIRTH (month, day, end year)	une 27 1	937	I lest saw h; death is	said	
7. AGE Yeers Months	Deys	If LESS then I dey,hrs. ormin.	to have occurred on the date stated above, at 6. P. m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
8. Trede, profession, or perticuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	8 Trade profession or particular		- Were as 10110WS. Octoof		
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Housew	ife	a cardio-vascular condition: sindert a long time	2.	
this occupation (month and 7 19	77 sper	nt in this life			
12. BIRTHPLACE (city or town) F13. (State or country)	nklin		Other Contributory Causes of Importance;		
1 000	offman		rather extreme family mesunderstandings		
HE 13. NAME Joseph M H 14. BIRTHPLACE (city or town) Nec (State or country) Maryl	k		Name of operation Dete of		
			What test confirmed diegnosis? Was there an autopsy?		
16. BIRTHPLACE (city or town)P.			23. If death was due to externel causes (VIOLENCE) fill In elso the following:  Accident, suicide, or homicide?		
17. INFORMANT Guy Q Hoffman			Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
(Address) Wiliamspor 18. BURIAL, CREMATION, OR REMOVAL	t				
Place Manor Cem		e 30 1937	Manner of injury		
19. UNDERTAKER Edith V Lea	af		Nature of injury 24. Was disease or injury in any wey telated to occupetion of deceesed? 200	-	
20. FILED 2012 2. FILED 2012 2	-	ER Mª Elro Registrar.	(Signed) (Address) (Address)	M. D	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example 11			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
		RECEIVED			
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
		BUREAUYS			

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state NLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. B.—WRITE PL.

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6966
1. PLACE OF DEATH	24
County Washington	Registration Dist. No. 302J
Village or City Par amount my	No. St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
11.1 000 1	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME / athrys Cellen mon	gan
(a) Residence: No. Taramount - Ma (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day) (Year)
If merried, wldowed, or divorced	
HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY Thet I attended decessed from
)	7,19 7,10
6. DATE OF BIRTH (month, day, and year) Wow 2 1929  7. AGE Years Months Days If LESS than	I lest sew h alive on , 190 ; death is said to have occurred on the date stated above, at , 200 m.
7 / lday,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importence
8. Trede, profession, or particular	were as follows:
SAWYER, BOOKKEEPER, etc. A- Home	Under homestes 6-1-37
9. Industry or business in which	January Manager C. O.
work wes done, as SILK MILL, SAW MILL, BANK, etc	
O 10. Date decessed lest worked at this occupation (month end spent in this occupation occupation	
(V)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (Stete er country)	None
I II	
(State or country)	Neme of operation
	What test confirmed diagnosis? C/Local Westhere an autopsy?
	23. If death was due to externel couses (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) Courty (State or country)	Accident, sulcide, or homicide? Date of Injury, 19  Where did Injury occur?
Ar I live	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
17. INFORMANT LESCU MORGAN	Specify whether injury occurred in Thousert, in Nome, of in Public Place,
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place lose Hell Comeley Dete 6/29 ,1937	Nature of injury
19. UNDERTAKER Walter of Grove (Address) Waynerston Ta	24. Wes disease or Injury in any way releted to occupation of deceased?  If so, specify
20. FILEO 6 - 29 - 057 Bhath Journ Registrar.	(Signed) 115 D. Polomac H. M. D.  (Address) Hayentrum M. D.
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		15	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of of importance were as	death and related causes follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	Cri	1 week ago
Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis /	JUL . F	3 days ago
			90 0 100 ·	1
				1
Other contributory causes of importance:		Other contributory cau	ses of importances	
Gallstones	May 1,1923	Gastroenteritis	181	1 year

# STATE OF MARYLAND-CERTIFICATE OF DEATH

(ENT EC. D. Every item of infor-	TLY. PHYSICIANS should state	fied. Exact statement of OCCUPA-		
N. B.—WRITE PLA LY, WITH UNFADING INK THIS IS A PERMANENT JEC. D. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.	
N. BWRITE PLA	mation should be carefully	CAUSE OF DEATH in pla	TION is very important.	

MARGIN RESERVED FOR BINDING

STATE OF MARTENIE	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(87Z)
county Washington	Registration Dist. No. 302
Village or City A ageistown	No. 17 M. Mulberry St., 3 Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
Length of residence in city or town where death occurredyrs,mos.	
2. FULL NAME William & Mou	or If U. S. Veteran, specify WAR
(a) Residence: No. 17 M. Mulberry (Usual place of abode)	St., 3 Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 6 16 , 193 7 (Month) (Day) (Year)
5a. If married, widewed, or divorced HUSBAND of	CONTRACTOR OF THE VALUE OF THE
(or) WHEE of Maudl	22.   I HEREBY CERTIFY, That i attended deceased from 1937.
6. DATE OF BIRTH (month, dey, end year) July 26-1882	I lest saw h alive on 6/14 , 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, atm.
5-4 11 10 ormln.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were as follows:
8 Trade profession or particular	Multiple Sclevosis Data gionate 1934
8. Trade, profession, or particular kind of work done, as SPINNER, Return Machinist SAWYER, BOOKKEEPER, etc.	
kind of work done, as SPINNER, Advanced Machines SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10, Date deceased last worked et this occupation (month and spent in this	
SAW MILL, BANK, etc.	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	
14. BIRTHPLACE (city or town) Salem.	
4 14. BIRTHPLACE (city or town) alem,	Name of operation Ports
(State of country)	What test confirmed diagnosis? Classed Was there en eutopsy///
16. BIRTHPLACE (city or town) Philadelphia	23. if death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Philadelphia	Accident, suicide, or homicide?, Date of Injury, 19
E (State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Mrs. Mande Morton (Address) Hagerstown, Md	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Hageistown Date 6/18,1937	Nature of Injury
19. UNDERTAKER 6-M. Syter House	24. Was disease or injury in any way related to occupation of deceased? 10
(nuuross) 77 (20 (20 (20 (20 (20 (20 (20 (20 (20 (20	(Signed) Janoby
20. FILED 6 / B , 190 / May / Journey 8. Registrar.	(Address 7. DWWay /2 Hayes tw Wy
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		Juy Cab /	
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. ILY, -WRITE PL m ż

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARY	LAND-	CERTIFICATE OF DEATH 6968
1. PLACE OF DEATH		3
County Washing Ton		Registration Dist. No.
Village or City Hagerslown	(lf o	ND 352 Central Que. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurred	yrs,mos.	
2. FULL NAME Stallions of James	es Mu	Muhs).  If U. S. Veteran, specify WAR.
(a) Residence: No. 352 Ontral	and-	St., S Ward.
(Usual place of	abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTIC		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 6R. DIVORCED ( OR. DIVORCED (	write the word)	21. DATE OF DEATH  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of		
(or) WIFE of		22. HEREBY CERTIFY, That I attended deceased from
E DATE OF BIRTH (month down and was)	Ignn	
6. DATE OF BIRTH (month, day, ond year)  7. AGE  Years  Months  Days	If LESS than	to have occurred on the date steted above, at
	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	ormin.	were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc		Valade & cond
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		X X
SAW MILL, BANK, etc		Vill Dow
Spent i	n this	Date Very
year) occupa	tion	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Lagens Wion	····/j	
(State or country)	ind	
14. BIRTHP(Age (city or town) Sides by r		
14. BIRTHP(ARE (city or town) Indestrust	9	Name of operation Date of
(State or country)	man	What test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME Wartha Sungl	augh	23. If death was due to external causes (VIOLENCE) fill in also the following:
	Uf	Accident, suicide, or homicide? Date of injury, 19,
E   . (State or country)	ia.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT fames Thinks		(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	2.	,
Place Hage YSTOWN W Date 1110	28.37	Manner of Injury
- (1 a 1/	O-, 15-JI-	Nature of injury
19. UNDERTAKER A. K. Cappingara		24. Was disease or injury in any way related to occupation of deceased?
(Address) Dager Suyun	- Md.	If so, specify
2D. FILED 6 48 199 / JULIA HIBE	severs	(Signed) M. [
76	Registrar.	(Address) Haganham Ma
If more blanks are needed, add	ress State Registrar, 2	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy-	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		J Sel	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		0 8	
		. 6	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

STATE	OF	MARYLAN	D-CERTI	FICATE	OF	DEATH
SIAIE	UL	MARILAN	D-CEKIII	TICATE	UF	DEAIL

1		()	6	1	)
4	3	4.5	U	9	7

1. PLACE OF DEATH	10	
County Hashington	Registration Dist. No	302
Village or City Nageratown	No. 2011 Virging as	SK Ward
Length of residence In city or town where death occurred 12yrs. 4	(If death occurred in a hospital or institution, give its NAME instead of strong	eet and number)
	6 1	ds.
2. FULL NAME Hartha Louise New	Kurk If U. S. Veteran, specify WAR.	
(a) Residence: No. 20/1 Gugun O	St., Ward.  If nonresident give city or to	wn and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED OR DIVORCED ("urite the word) Harried		, 193
a. If married, widowed, or divorced	— (month) (day)	(Tear)
(or) WIFE of & Calnin Nerkens	Nov. 2 HEREBY CERTIFY, That I at	Itended deceased from
6. DATE OF BIRTH (month, day, and year) from 4-1869	I last saw h alive on June 16 1	937; death is said
7. AGE Years Mondis Deys If LESS that	The state of the s	
7 5   5   /2   1 day,min.	The PRINCIPAL CAUSE OF DEATH and related causes of Important	
8 Trade profession or particular	- Pulmoney hemsplyes	Gate of onset
SAWYER, BOOKKEEPER, etc	RID RI	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at his coveration (month and	John I melling - 14.	6-6-3
SAW MILL, BANK, etc	The Man	
this occupation (month end year) year) 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	<u> </u>	
7/ 12 11:10	Other Contributory Causes of importance:	10.00
2. BIRTHPLACE (city or town) Company (State or country)	Orlean B.	10 10
		10 1703.
1000	Une	
14. BIRTHPLACE (bity or town) Clar Character (State or country)	Si Rea	ate of
15. MAIDEN NAME Fling & Seiter		ere an eutopsy?
West thought	23. If death was due to external causes (VIOLENCE) fill In elso the f	
15. MAIOEN NAME Eliza & Leiter  16. BIRTHPLACE (city or town) Head Charafting  (State or country)	Accident, suicide, or homicide? Date of Injury_	, 19
Dr. O. C. 10. 6 16	Where did injury occur? Specify city or town, county	and State)
7. INFORMANT (Address) Lagustown Md	Specify whether Injury occurred in (NDUSTRY, in HOME, or In PUB	LIG PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Menner of injury	
Place Laguetown Md Date June 19, 193		
O HADEDTAKED Seatt 7 Mining of I Son	24. Was disease or injury in any wey related to occupation of decease	and? He
9. UNDERTAKER CONTRACTOR OF A CARDON OF A	If so, specify	ocu:
6-18- 37 Bandfrageron	(Signed) W. Houar Oyloge	W. M. D.
20. FILED 19 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	(Address) Stogenston, Oh	

V. S. No. 1

B.-WRITE PL.

z

If more blanks are needed, address State Registrar, part N. Charles Street, Baltimore Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	7
Gallstones	May 1,1923	Gastroenteritis	1 year
		9/	

BINDING

MARGIN RESERVED

No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car of	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		10/	

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--------------	-------	-----	---------	------------	----	-----------

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimose, Requesting V. S. No. 1.

(Qay)

That I attended deceased from

Oate of caset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

Evample I

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example 11	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street oar  July 5, 1927 Peritonitis  Other contributory causes of importance:

	1. PLACE OF DEATH,	9401	
	County Washington	Registration Dist. No. 30Z	
	Village or City Thaths lown	No. 53 Broadway St. 4	Ward
	(If	death occurred in a hospital or institution, give in SAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos	do
	a/ 2'D/.		us.
	2. FULL NAME Janes A Jawles	If U. S. Veteran, specify WAR.	
	(a) Residence: No. 3 1 Droadway (Usual place of abode)	St., A Ward.  If conresident give city or towo and State	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	3. SEX  4. COLOR OR RACE  S. SINGLE; MARRIED, WIDOWED;  OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Per	37
	5a. If married, widowed, or divorced for the HUSBAND of		
	HUSBAND of Genieve 1) Pawles	22. HEREBY CERTIFY, That I attended deceased	37.
e.	6. DATE OF BIRTH (month, day, and yeer) Weach 8 1867	Hast saw have elive on general 29, 1937; death i	
cat	7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 5:15 Pm.	
certificate	70 3 21 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca wera as follows:	Fannat
18	8. Trada, profession, or particular kind of work done, as SPINNER, R. J. Moscha, Church Documents of the County of	oronary /hromosis	28/
II.	9. radustry or business in which	{	
back	work was dona, es SILK MILL,		
no	10. Date deceased last worked at this occupation (month and year) 11. Total tima (yeers) spent in this 38 occupation 38	·!	
suo	year) Gunl 1724 occupation 1	Other Contributory Confess of Importance:	
instructions	12. BIRTHPLACE (city of down) / Jages Wurty	ff / the state of	
stri	13. NAME Carole Lengel Paules	Mufung Lectures 18.3	25:
	I TO THE TOTAL T	Neme of operation Date of	
See	14. BIRTHPLACE (city or town) Vadeus four (State or country)	Neme of oparation	
ir	15. MAIDEN NAME of The 201 Thing	23. If daath was due to external causas (VIOL ENCE) fill in also the following:	
	16. BIRTHPLACE (city or town) Washers Therhal	Accident, suicida, or homicida? Data of injury, 19_	
odu	(State or country) The Juiginia	Whara did injury occur?(Specify city or town, county and State)	
	17. INFORMANT LOS Paul Parles	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
is very	(Addrass) Hagers lown Marylan 18. BURIAL, CREMATION, OR REMOVAL	d	
- 4	Place Thagerstown Date July 1, 1937	Menner of injury	
TION	TO MARKET AND	24. Was disaase or injury in any way related to occupation of deceasad?	
T	19. UNDERTAKER /// Coffmation Marsham (Address)	It so, specify	
The state of the s	20. FILED 7 - 1- 1937 / Blast Bougers!	(Signed) 1. N. Campbell	_M. D.
	Revistrar.	(Address) Hagaraterless Md	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

-WRITE PL

ż

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

)II	xample I	The state of the s	Example II	
The principal cause of de of importance were as foll Arteriosclerosis	ows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis		1021	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V	July 5, 1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	4
Gallstones		May 1,1923	Gastroenteritis	1 year

V.S. No. 1

STATE	OF	MARYLAND—CERTIFICATE	OF	DEATH
DEATH		(no)		

6	Ca	a = q	8
2.5	44	1	
U	0	- 40	4

1. PLACE OF DEATH		93-6	
County Washington	*************************	Registration Dist. No. 360	
Village or City Sharpsburg	g Md,	NoSt.,War death occurred in a horpital or institution, give its NAME instead of street and number)	rđ
Length of residence In city or town where dee	th occurred_16_yrsmos	ds. How long in U.S. if of foreign birth?yrsd	ds.
2. FULL NAME Alice An	n Remsburg	If U. S. Veteran, specify WAR	
(a) Residence: No. Sharpsb	Urg (Usual place of abode)	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH	-
3. SEXTemale 4. COLOR OR RACE White	S. SINGLE, MARRIED, WID OWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Year)	_
5a. If married, widowed, or divorced  HOSBAND of Cyrus Hic	cks Remsburg	2221 - 01 HEREBY CERTIFY. That 1 ettended deceased fro	om
No.	rch 26 1866	Yest saw h elive on game 2/ 1937; death is sa	
6. DATE OF BIRTH (month, day, and yeer)  7. AGE Yeers Months	Deys If LESS than	to heve occurred on the date steted above, et 3m.	IIG
71 3	26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of Importance were as follows:	-
12. BIRTHPLACE (city or town)  13. NAME Jacob Nicodem  14. BIRTHPLACE (city or town)  15. BIRTHPLACE (city or town)  16. BIRTHPLACE (city or town)  17. BIRTHPLACE (city or town)  18. NAME Jacob Nicodem  19. BIRTHPLACE (city or town)  19. BOOM	dousewife  i 11. Total time (yeers) spent in this if e burg Dist  us sboro	Chrome myse carelles 5.4  Chyrical Fibrills agre 4/28  Thronform right denoral  Vern:  Other Contributory Causes of importance:  Neme of operation	37.
(State or country) Marya	a.rdrd	What test confirmed diegnosis? Wes there en eutopsy?	
15. MAIDEN NAME Hanna Mil 16. BIRTHPLACE (city or town) - Keedy (Stete or country) Mar  17. INFORMANT Cyrus Hicks (Address) Sharpsburg, 18. BURIAL, CREMATION, OR REMOVAL Place Mountain View	sville yland Remsburg	23. If deeth wes due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?	
19. UNDERTAKER Edith V. Lee (Address) Williamsport 20. FILED 8. Z. 1837 EC.		24. Was disease or injury in any way related to occupetion of decessed? 200 1  If so, specify (Signed) Wally D. Sharpakurg, M.  (Address) Sharpakurg, M.	. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes	Date of onset
of importance were as follows:	
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
27 Peritonitis	3 days ago
Other contributory causes of importance	
	1 year
	Run over by street car Peritonitis  Other contributory causes of importance:

		STAT	E OF	MAR	YLAND-	-CEF	RTIFICATE	E OF DE	ATH	6974
1	. PLACE O			1.4	1.5.11				4	. /
	County /	TANCO	CA	W	ASH			Registrati	on Dist. No.	04,
	Village or	City LAN	000	ZX.		No		- Charles - Carlo N.	St.,	War
	Length of re	sidence in city or tow	n where death	occurred	mc		curred in a hospital or in .ds. How long in U.S.			
2	. FULL NA	ME //	(FAN	T. 6	RESLE	= 4.				
	(a) Reside	nce: No.X.	AIA	1.		St.,	Ward.			
20,100				(Usual place		1			dent give city or town	
3. S		NAL AND STA				04 5			TE OF DEATH	4
	II married, wido	4. COLOR OR R			RIED, WIDOWED.  D (write the word)	_ 21. 0	ATE OF DEAT	Month)	(Day)	, 193 3 (Year)
Ja.	HUSBAND of (or) WIFE of	wed, or divorced				22.	IHERE	BYCERTI	FY. Thet I attend	ded deceased fro
	(01) 1112 01					1 92	me 12	, 19.3.7_, to_	gune /	2 , 1939
		(month, day, and yea	D) LLN	E,12		I last	saw h alive on		Born 19.	; death is sa
7. A	GE Ye	ars Mo	nths	Days	If LESS than	1	e occurred on the date :	,	-	
	0 T4				ormin.	I HC F	as follows:	JEATH and related (	causes of importance	Date of onse
0	kind of	ession, or particular work done, as SPINI R, BDOKKEEPER, etc.	VER,	VON	E .	Cr	2 4		7	
OCCUPATION	9. Industry or	business in which	1			P	SPI	a sign	and the same	
2		s done, as SILK MIL LL, BANK, etc.					10			
ŏ	this occi	sed last worked at upation (month and	151	spei	ime (years) ntin this upation		0			
12,	BIRTHPLACE (c		Nao	- 11	MD	Dther	Contributory Causes of	importance:		
ne l	(State or cou	intry)	1,		00	-				
FATHER	13. NAME	AMES.		4	PRESLE	7				
FA		E (city or town)	ANC	001	IVIL	0	of operation		Date o	
HER	15. MAIDEN NA	Δ//	F/17A	BET	4. CORNI		test confirmed diagnosis			
H	16. BIRTHPLAC		A / 1 C	-07			ent, suicide, or homicide			
MOT		r country)	ALIF	-011	VIA-		did injury occur?	**********		
17.	INFDRMANT (Address)	ENNIE	COL	RNE	LIUS	Specif	y whether injury occurr	(Specify cit: ed in INDUSTRY, in	y or town, county and HDME, or in PUBLIC	State) PLACE.
18.	BURIAL, CREMA	NCOC	K MI	R 6	-1713	7	er of injury	~~~~~~		
19.	UNDERTAKER	PIJE	NKII	Y S .	NO.	24. Was	s disease or injury in e	ny way related to oc	cupation of deceased?	po
20.	FILED 6/1	2 1937	TPO	TEM	/ / / / N S Registrar.		Signed) (Address)	Coult	ment	Lym
	/		If more blank	are meeded	ddrage State Desister	- nave N7	Cl. I. C D .:	. D 671 C	17	1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis   E C E	1915	Attack of cpilepsy	1 week ago
Chronic interstitial mephritis a 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	. Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH	(R3)
County YYashinaton	Registration Dist. No. 302
Village or City Xaqey Stoun	Western Bridge port. St., Ward  If death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?
J 1101. D	ICY If U. S. Veteran, specify WAR
	//
(a) Residence: No. H2 MO LO CUST (Usual place of abode)	J St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3, SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH June 14 1937.
5e. If merried widowed or divorced	(Month) (Day) (Year)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from
	, 19, to, 19
6. DATE OF BIRTH (month, day, end year) 1 07 3- 1923	I last saw h; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, atm.
13 7 // 1 day,hrs.	mara se follows.
8. Trade, profession, or perticular	Date of onset
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	accidentes browning
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc  9 Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc  1D. Date deceased last worked at this occupation (month and	- a seconmung a
this occupation (month and spent in this year)	autellan (seed
Howard	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) 1. 1 (2 9 C. Y. STOWN) (State or country)	
13. NAME Charles Rosier	***************************************
13. NAME Charles Rosier  14. BIRTHPLACE (city or town) Elyins  (State or country)	Name of operation
The state of the s	What test confirmed diagnosis? Wes there an autopsy?
16. BIRTHPLACE (city or town) Hages Stown	23. If death wes due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Hages Stown	Accident, suicide, or homicide? Date of injury 19
(Stete or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT TALY US NO ZIEV (Address) Hagey Stoud, M.A.	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR RAMDVAL	Manner of Injury Drawsham
Place KIU 9 LYS10 W. Date 7 Mue 1957	Nature of Injury
19 UNDERTAKER A.K. Co.S.S. may	24. Was disease or injuly in any way related to occupation of deceased?
(Address) Ha alyston mu.	If so, specify
on ruso 6-16- 137 Johns HBrusons	(Signed) ANN Down
20. FILED Registrar.	(Address) Hazzalon MA

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Registrif V.S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	il il	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related cause of importance were as follows:	ses Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis   R R R	3 days ago
Other contributory causes of importance:		Other contributory causes of importance?	1
Gallstones	May 1,1923	Gastroenteritis BUREAU 8	1 year

See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important.

1	PLACE C	F DEATH	•			12
-	County Washington  Village or City Near Clearspring, Md.  Length of residence in city or town where death occurred. 83, yrs. mos				Registration Dist. No. 2	83
				d(lf 3yrs,mos	NoSt, death occurred in a horpital or institution, give its NAME instead of street asds. How long in U.S. If of foreign birth?yrs	Ward ad number)ds.
2		AMEClara_			If U. S. Veteran, specify WAR	
					1 St., Ward.  ff nonresident give city or town a	
contractors		NAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	
3. S	emale	4. color or RACE White	5. SINGLE, MARI OR DIVORCEI Widow	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	, 193_7 (Yéar)
5a.	of merried, wido HUSBAND of (or) WIFE of	wed, or divorced  John T. Ru	ibeek		1 HEREBY CERTIFY, That I attend	ed deceased from
6.1	ATE OF BIRTH	(month, day, and year) De	cember 4.	1853	1. I c. the	death is said
7. /		ears Months	Oays 3	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 4: 15Pm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
OCCUPATION	8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Home Work		July Siver	The state of		
UP	work w	ras done, as SILK MILL, ILL, BANK, etc				
000	this occ	ased last worked at cupation (month and	spei	ime (years) nt in this upation		
12.	12. BIRTHPLACE (city or town). Washington County.  (Stete or country)		Other Contributory Causes of Importance:			
ER	13. NAME	William Angle				
FATH	14. BIRTHPLAC	CE (city or town) Frank or country)	clin Count	y	Name of operation	en eutopsy?
ER	15. MAIDEN N	AME Mary Forsy	rthe		23. If death was due to external causes (VIOLENCE) fill in also the follow	-0.11
15. MAIDEN NAME Mary Forsythe  16. BIRTHPLACE (city or town) Washington County Md  17. INFORMANT Walter Rubeck (Address) Clearspring, Md. R. D. 1  18. BURIAL, CREMATION, OR REMOVAL		Accident, suicide, or homicide? Date of injury, 19  Where did injury occur? (Specify city or town, county and Stale)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.				
				18.	18. BURIAL, CREMATION, OR REMOVAL  Place_StPaul's Cemeterge June 11,, 1937.	
19. UNDERTAKER Snyder-Rowland Funeral Home (Address) Clearspring, Md.		24. Was disease or Injury in any way related to occupation of deceased?  If so, specify	des			
20.	FILE	uf(.,19.37.	e blanks are needed,	Registrar	(Signed) (Address) (Addres	Test

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1321	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6977	
	301	
County Washington	Registration Dist. No. 30/	
Village or City Near Williamsport	ND. Near W1111amsport St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)	
	ds. How long in U.S. If of foreign birth?yrsmosds.	
2. FULL NAME Sliza Adell Rudy	If U. S. Veteran, specify WAR	
(a) Residence: No. Near Will tamsport, Md. (Usual place of abode)	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Married	21. DATE OF DEATH  (Month) (Dey) (Year)	
5e. If married, widowed, or divorced HWSDANB-of	22. () I HEREBY CERTIFY That I attended deceased from	
(or) WIFE of Lewis Rudy	June 7, 1937, to June 8, 1937	
A DATE OF PIRTY (	flest sew her elive on fund 8 1937; death is seld	
6. DATE OF BIRTH (month, day, end yeer) May 17 1891 7. AGE Years Months Days If LESS then	to heve occurred on the dete stated above, at 42 3.0 9 am.	
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importence	
46 22 ormin.	were estollows:	
kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc	Coronary Chromboers ?	
Mindustry or business in which		
kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc  Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc  D. Date deceesed last worked et this occupation (month and		
11. Tote time (years) this occupation (month and spent in this		
yeer) - Jine 7 -1-93.7 -   occupation	Dther Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) Williamsport	History of Essential	
12. BIRTHPLACE (city or town) Williamsport (State or country) Maryland	artesial Hypertension	
13. NAME Adam Neal		
13. NAME Adam Neal  14. BIRTHPLACE (city or town) Mississippi	Name of operation / Dete of	
(State or country)	What test confirmed diegnosis? None Wes there an autopsy?	
15. MAIDEN NAME Henneretta Kendle	23. If deeth wes due to externel causes (VIOLENCE) fill In elso the following:	
Funketown	Accident, suicide, or homicide? Dete of Injury 19	
O 16. BIRTHPLACE (city or town)	Where did injury occur?	
Lewis Rudy	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.	
17. INFORMANT Williamsport, Md,	openly whether many occurred in the country in month, or my obelie ( EACE	
18. BURIAL, CREMATION, DR REMDVAL	Menner of injury	
Plece Green awn Joem Dete June 10 ,1937	Neture of Injury.	
Faith V Leaf	24. Was disease or Injury In any way releted to occupation of decessed?	
19. UNDERTAKER WIIIiamsport, Md	If so, specify	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		Alexandra (Alexandra Alexandra Alexandra Alexandra Alexandra Alexandra Alexandra Alexandra Alexandra Alexandra	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterits	1 year
		# @ 1937	

A. Beachley.

-WRITE

V. S. No. 1

BINDING

RESERVED

MARGIN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis VIII	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		THE RESERVE OF THE PARTY OF THE	

ż

1. PLACE OF DEATH		39	02
County Mashing	AT 64	Registration Dist. No.	02
Village or City Halle	istown	Machineston County Hads	Mary
Length of residence in city or fown where		f death occurred in a hospital or institution, give its NAME instead of street and s	
W-n	-0 Pil		
2. FULL NAME Mehan (a) Residence: No. Selle	recellrenty Ha	Wast. Ward.	
	(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Jule 9 (Month) (Day)	., 193
5a. If marriad, widowed, or divorced HUSBANO of		22.   HEREBY CERTIFY, That I attended	deserved from
(or) WIFE of		6: 8 ,1937, to 6: 8	
6. DATE OF BIRTH (month, day, and year)	1885	( . 9 27'	: death is seid
7. AGE Years Months	Oays If LESS than	to have occurred on the date stated above, at 17.30 a. m.	.,
4957 6	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
Trade profession or perticular	ormin.	were as follows: This be few heeliture	Date of onset
kind of work dona as SPINNER, SAWYER, BOOKKEEPER, etc.	abover.	axillary absers	6 days -
9. Industry or business in which			a vago
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	uplayed	-	
10. Data deceased last worked at this occupation (month and / 9 year)	II. Total time (years) spent in this occupetion		1
3/4		Other Contributory Causes of importenca:	
12. BIRTHPLACE (city or town) (Stata or country)	Jan Comment	Non-congestive circulatory collapse	24 kour
	L. L.	-	
13. NAME Jolice 14. BIRTHPLACE (city or town)	in server	Nems of operation of a will any absence Dele of	77.37
(State or country)			6:1:01
		What test confirmed diagnosis? Drood Sugar Was there an	
15(MAIDEN NAME)  16. BIRTHPLACE (city or town)  (State or country)	the the	23. If death wes due to externel causes (VIOLENCE) fill in elso the following	•
16. BIRTHPLACE (city or town)	1/0	Accident, suicide, or homicide? Date of injury	, 19
∑ (Stata or country)		Where did injury occur?(Specify city or town, county and Sta	ite)
17. INFORMANT JUNE (Address)	Sunport la de	Specify whether injury occurred in INDÚSTRY, in HOME, or In PÚBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL		Menner of Injury	
Place Noveliel	Date , 192	Nature of Injury	
19. UNDERTAKER LOLO LOL	elelwell.	24. Was disease or injury in any way related to occupation of deceased?	Ko
(Address) Jagery	sound me	If so, specify Sohn Notherwhaker	
20. FILED 6 - 11 - , 19 37 John	asttoevers,	/	M. D.
	1 / Registrar.	(Address) 158 W. Was King fore St. Stages	, yourse, me

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	15
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy R	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis (1)	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

# STATE OF MARYLAND-CERTIFICATE OF DEATH

WRITE PLACE, WITH UNFADING INK-THIS IS A PERMANEN RECAD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	1
CTHIS IS A PERMA	ould be stated EXA	may be properly class	back of certificate.
TH UNFADING INK.	ly supplied. AGE sho	lain terms, so that it r	See instructions on b
WRITE PLACY, W	mation should be careful	CAUSE OF DEATH in p	TION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH	(Ac)
County Washington	Registration Dist, No. 302
Village or City	No. 826 Concord St., 2 Ward
(II	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. If of foreign birth?yrsmosds.
0 1 21 6	. 11
2. FULL NAME John Henry On	utle If U. S. Veleran, specify WAR
(a) Residence: Np. / 12 6 Constant (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 6-14-
Male White married	(Month) (Oay) (Yaer)
5a. If married, widowad, or divorced HUSBANO of	22. I HEREBY CERTIFY, That I attended decaased from
(or) WIFE of Mrs. Margaret Ella Smith	5-26- 487 to 6-14- 1877
6. DATE OF BIRTH (month, day, and year)	I fast saw back aliva on 6-14-,197; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at
76 4 27 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:  Date of onset
8. Trada, profession, or particular kind of work done, as SPINNER, R	
SAWYER, BOOKKEEPER, etc.	Brummi other
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	, pr
O TO. Date deceased last worked at 11. Total time (years)	
this occupation (month and year) spent in this occupation	
12. BIRTHPLACE (city or town) Dilalum autha	Other Contributory Causes of Importance:
(State or country) use . Co. md.	
13. NAME Soloman Smith	
14. BIRTHPLACE (city or town) Dilahmanton	Neme of operation
(State or country) work ? . md.	What test confirmad diagnosis? Was there an eutopsy?
15. MAIOEN NAME Elizabelle mosto	23. If death was due to external causas (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town) Delalumentai	Accidant, suicide, or homicida? Dete of Injury, 19
(State or country) Wash 10 C. md	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Multon R. Smith	Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of injury
Plate Canon Centrary Date Juna 181, 1927	Nature of injury
19. UNDERTAKER WM 3. Bay 45 mg	24. Was disease or injury in any way related to occupation of deceased?
(Address) Bondon Made	If so, specify
20, FILED 6-16. 1937 6 Kelf Voice V	(Signad) M. (
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

i		Example II	
Date of onset	The principal eause of importance were	of death and related causes as follows:	Date of onset
1915	Attack of epilepsy		1 week ago
1921	Run over by street car	1 KB	1 week ago
July 5,1927	Peritonitis	CHI) Dr.	3 days ago
		JUL 18 A	
May 1,1923	Other contributory c	auses of importance:	1 year
	1915 1921 July 5,1927	of importance were an Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory c	Date of onset  The principal eause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

PHYSICIANS should state of OCCUPA. Exact statement stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT properly classified. certificate. AGE should be See instructions on back of CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important.

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	93.2
County Washington	Registration Dist. No. 308
Village or City malalemelle	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?yrsmosds,
1 4	
2. FULL NAME faure U. Omit	If U. S. Veteran, specify WAR
(a) Residence; No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write tha word)	(Month) (Day) (Year)
5a. If marriad, widowed, or divorcad	
HUSBAND of Or WIFE of Deeper 141. Smith	May 2 1937 to June 21 1937
	2
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3
7 1 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and raiated causes of Importence
8. Trada, profassion, or particular	were as follows: Data of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date daceased last worked at this occupation (month and	101 -
9. Industry or business in which	Chrone myocarditis 1934
work was done, as SILK MILL, trun done	with desartes Tido
O 10. Date daceased last worked at this occupation (month end spent in this	The state of the s
yaar)occupation	Other Chatributery Causes of Importence;
12. BIRTHPLACE (city or town) Mussille	
(State or country) 3 md. C. md	
14. BIRTHPLACE (city or town) Myersville	
14. BIRTHPLACE (city or town) Much sulle	Neme of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Lavina Casterday	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Laria Easterday	Accident, sulcida, or homicida? Date of injury, 19
(State or country) Fred. Co. md.	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT D. Edward Omille	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Sometime vnd	
Place Bourse Md. Date 123, 1937	Manner of Injury
21411 2 0 0 00	Neture of Injury.
19. UNDERTAKER W- D- Lant 45 ou	24. Wes disease or injury in eny way related to occupation of deceased?
(Addrass) Yourship ma.	If so, specify
20. FILED Jun 23 , 19.87 William D. 12024	(Signed) M. D.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peri poits	3 days ago
		ROW	
Other, contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis & Jan	1 year
		TREAT.	

ADDITIONAL SPAC	E FOR FURTHER	STATEMENT	IS BY PHYSICIAN	
		1		
		14		

# STATE OF MARYLAND-CERTIFICATE OF DEATH

6982

1	1. PLACE OF DEATH	(82-f)
	county YV ash: naton	Registration Dist. No. 302
	Village or City C & av Sose	No. Broad Fording Rd. St., Ward death occurred in a horpital or institution, give it NAME instead of street and number)
		ds. How long in U.S. if of foreign birth?yrsmosds.
	2. FULL NAME OYA CONNELIA Stoussex	If U. S. Veteran, specify WAR
	(a) Residence: No. C Q Q x Su >s m d (Usual place of abode)	St., Ward.  If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  White State of the state
	5a. tf married, widowed, or divorced HUSBAND ot (or) WIFE ot	22. I HEREBY CERTIFY, That I attended deceased from
	Christian R.	6-14-,19-7, to 6-19-,19-7
umcare.	6. DATE OF BIRTH (month, day, and year) 1 1 2 1890  7. AGE Years Months Days If LESS than 1 day,hrs. or	to have occurred on the date stated above, at
10 10 W	8 Trade profession or particular 1	Cartes Enablus 9/14/6
S UII Day	kind of work done, as SPINNER, + O USe W. Se.  9. Industry or business in which work was done, as SILK MtLL, SAW MILL, BANK, etc.  10. Pate deceased last worked at this occupation (month end, 430 year) 1 11. Total time (years) spent in this occupation o 445	
nornan	12. BIRTHPLACE (city or town) Cearsoss (State or country) md.	Other Contributory Causea of importance:
1181	# 13. NAME VVIII am Palmer	
II pac	14. BtRTHPLACE (city or town) C-eax Soss (State or country)	Name of operation Date of  What test confirmed diagnosis? Was there an autopsy?
un por cant.	15. MAIDEN NAME (atherine trure)  16. BIRTHPLACE (city or town) Play 5055 (State or country) md.	23. If death was due to external causes (VIOLENCE) fitl in also the following:  Accident, suicide, or homicide?
IS very	17. INFORMANT DY IS 1 J. A. M. J. D. C. STEY  (Address) Hager Stun, md R42  18. BURIAL, ORDMATION, OR REMOVAL  Place Dr. O. C. Str. ding Date June 22 1937	Manner of injury
11011	19. UNDERTAKER H-K Co SS. man. (Address) Hagerstown. w.d.	Nature of injury  24. Was disease or injury in any way related to occupation of deceased?  If so, specify
	20. FILED June 21, 1937 Junet niswander Folt	(Signed) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street our	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		De John State Stat	
Other contributory causes of importance:	No. New York	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritie	1 year
			1
		.8/	

V. S. No. 1

OCCUPA

of should

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

auses Date of onset
1 week ago
1 week ago
3 days ago
1 year
1

STATE OF	MARILAND-	CERTIFICATE OF DEATH	
1. PLACE OF DEATH		(2)	300
County Washington		Registration Dist. No	UL
Village or City Tage solution  Length of rasidence in city or town whare death	7	No. St.,  If death occurred in a horpital or institution, give its NAME instead of street and s. —— ds. How long in U.S. if of foreign birth? —— yrs. —— r	
0.	* V)		1105
2. FULL NAME 7 mg	-and Jay	If U. S. Veteran, specify WAR	
(a) Residence: No agel	(Usual place of abode)	7 SY. Ward.  If nonresident give city or town an	d State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
male white	SINGLE, MARRIED, WIDOWED, DR DIVORCED (write tha word)	21. DATE OF DEATH June 2 4 (Month) (Dey)	., 193_(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	L.	22. I HEREBY CERTIFY, That I attended	d deceased from
6. DATE OF BIRTH (month, day, and yaar)	me - 24-1934	I last saw h un alive on 19	; daath is sai
7. AGE Years Months	Days If LESS than I day,hrs.	to have occurred on the date statad above, atm.  The PRINCIPAL CAUSE OF DEATH and ralatad causes of importance were as follows:	Date of onset
8. Trade, profession, or particular		A.f.	Date of onse
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	one	HI Branch	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date dacaased last worked at this occupation (month and		At 111	
10. Date dacaased last worked at this occupation (month and year)	11. Total tima (years) spant in this occupation		
12. BIRTHPLACE (city or town) 12. Dages	atom	Other Contributory Causes of importance:	
(State or country)	Co. md		
H 13. NAME Carl V. Day	los		
(State or country) Wash.	co: md.	Name of operation Date of What test confirmed diagnosis? Clinical_ Was there an	autopsy?
15. MAIDEN NAME	Thomas	23. If death was due to external causes (VIOL ENCE) fill in also the following	ng:
15. MAIDEN NAME COME 16. BIRTHPLACE (city or town)	ysulle	Accidant, suicide, or homicide? Date of Injury	, 19
(State or country) work.	O Co. md	Where did Injury occur? (Specify city or town, county and St	ate)
17. INFORMANT Carl 1. (Addrass) Hagustone	) angles	Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC P	LACE.
18. BURIAL, CREMATION, OR RIMOVAL		Manner of injury	
Place Haven	ata 251, 1937	Nature of injury	
19. UNDERTAKER LUM Das (Address)	XXS oy	24. Was disease or injury in any way related to occupation of daceased?	No
20. FILED 6 - 25 - , 1937 6 Hill	Moves	M. Many Will	7 💍

V. S. No. 1

PHYSICIANS should state D. Every item of infor-

stated EXACTLY. IS A PERMANEN

AGE should be

MARGIN RESERVED FOR BINDING

WITH UNFADING INK-THIS

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

-WRITE PL

N. B.

Exact statement of OCCUPA.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis /	3 days ago
		Br a hi	~
Other contributory causes of importance:		Other contributory causes of importance	1/
Gallstones	May 1,1923	Gastroenteritis	1 year
		P. /	
		4	

V.S. No.

## STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLAC	E OF DEA	ТН			(9 <sup>2</sup> c)		
County	Was	aington			Registration Dist. No. 30	3	
Village Length	or City	learsprin	death occurred	(If 43_yrsmos	NDSt., death occurred in a hospital or institution, give its NAME instead of street and numbds. How long in U.S. if of foreign birth?mos	Ward er) ds.	
2. FULL	NAME	Della Y	oung		If U. S. Veteran, specify WAR		
		Clearsp		<b>.</b>	St., Ward.  If nonresident give city or town and State		
PER	SONAL AN	ND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX Female		or or race ite	5. SINGLE, MAI OR DIVORCI Single	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH  June 29 , 193  (Month) (Dey)	7	
5a. If married, HUSBANI (or) WIFI	widowed, or div O of E of				They Start 1956, to were 1991,	193	
	IRTH (month, de		pril	1870	i lest saw h 1 alive on frag 1, 19.0.7; der	ath is said	
7. AGE	Yeers 77	Months 3	Days 29	if LESS than 1 day,hrs. ormin.	to heve occurred on the date stated above, at 6.200 - P-m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Da	te of onset	
O SA 9. indust	profession, or p nd of work done WYER, BOOKKE ry or business i ork was done, as W MILL, BANK,	, es SPINNER, EPER, etc n which SILK MILL.	Heme	Werk	MysCardilis =	Eng.	
ye	deceased last wo is occupetion (mo ar)	orked at onth and	000	time (years) ent in this cupation	Other Contributory Causes of Importance;		
	or country)	Md.		-5			
13. NAME	Jehn_	D. Young					
	PLACE (city or t tate or country)	own) Washi	ngton Co	unty	Name of operation Date of Date of What test confirmed diagnosis Relation C Was there an autop	sko	
15. MAIDEN NAME Maria Keyser  16. BIRTHPLACE (city or town) Washington County  (State or country)				unty	23. If death wes due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Date of Injury  Where did injury occur?	, 19	
17. INFORMANT Mrs George B Young					(Specify or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, C	REMATION, OR	REMOVAL		Marie Transport	Manner of Injury		
Plece.	Clearar:	ing, Md.	Date Jul	y-2, 1937.	Neture of injury	1	
19. UNDERTAL (Addre		er-Rewlan		1 "ome	24. Wes disease or injury in any way releted to occupation of deceased?  If so, specify  (Signed)  (Address)  (Address)	T.M.	

Off more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis .	3 days ago
Man. 1 1000	Other contributory causes of importance:	
May 1,1925	Gastroenterius	1 year
	1915	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  Peritonitis  Other contributory causes of importance:

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
------------	-----------	---------	------------	---------------	-----------

V. S. No. 1

ż

TION is very important. See instructions on back of certificate.

	S	TATE O	F MAR	YLAND-	CERTIFICATE	OF DEA	TH	6986
:	L PLACE OF DEA	тн			922 N	23	-	0000
	CountyWa:					Registration	Dist. No.	302
	Village or City Ma	augansvi	11		No. Minnonite	Home	St	Ward
	Length of residence in c	ity or town where de	eath occurred	10 <sub>yrs</sub> mos	death occurred in a hospital or institutionds. How long in U.S. If o	tion, give its NAME of foreign blrth?	instead of street and	number)
	2. FULL NAME A	nna zimm	erman.		If U. S. Veteran,	specify WAR		
	(a) Residence: No	Shirem	anstown (Usual place	n, Penna.	St., Ward.	If nonresident	give city or town an	d State
	PERSONAL AN	D STATISTIC	CAL PART	ICULARS	MEDICAL C	ERTIFICATE	OF DEATH	
		or or RACE		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH	June (Month)	19	, 193 7 (Year)
5a	If married, widowed, or dive	orced				(MOIRI)	(Uay)	(Teal)
_	HUSBAND of (or) WIFE of				22. I HEREBY	CERTIF'		deceased from
6.	DATE OF BIRTH (month, da	y, end year)	arch 10	, 1850.	I last saw b elive on	6-10	, 19/7/	; death is seld
7.	AGE Years	Months	Deys	If LESS than	to heve occurred on the date state			
	87	8	9	1 day,hrs.	The PRINCIPAL CAUSE OF DEAT were es follows:	TH and related cause	es of Importance	Date of onset
NOI	8. Trade, profession, or particular kind of work done, as SPINNER, Retired SAWYER, BOOKKEEPER, etc.				Cha. The	much	<b>X</b> -	1820
OCCUPATION	9. Industry or business in work was done, as SAW MILL, BANK,	SILK MILL. H	ome wor	rk.				
000	10. Date deceased last wo this occupation (mo	rked at onth end	Sp3	time (years) ent in this upation				
			- 1		Other Contributory Causes of Impo	ortance:		
12	(State or country)	mberlan	d Count	ty, Penna	action	nelia.		
ER	13. NAME Ma	artin Ze	mmermar	1.				
FATH	14. BIRTHPLACE (city or to		remanst	town.	Name of operation			
HER	15. MAIDEN NAME	Anna H		:	What test confirmed diagnosis? 23. If death was due to external cau			
MOTH	16. BIRTHPLACE (city or to	own) Shir	emansto	own.	Accident, sulcide, or homicide?			9 -
-				inty, Peni	Where did injury occur?	(Specify city or	town, county and St	ale)
	(Address) Maus	E. Stor			Specify whether Injury occurred in	n INDUSTRY, in HO	ME, or in PUBLIC P	LACE.
18	BURIAL, CREMATION, OR Slate	REMOVAL Hill Cem	ete Jun	e 22 <sub>19</sub> 37	Manner of Injury	•••••		
19		ed W. Kr			24. Was disease or injury In eny w		ation of deceased?	w
-	/	11	116.11	43 0.	If so, specify	Plant!	15	M. D.
20	FILED 6 - 22-	19.2.	aut/	Registrar.	(Address)	X = see	Masse	Zeef

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balismore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	-
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		1 My 11 M	
		J Well a will	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year